COMPARATIVE STUDY OF SHORT TERM VS LONG TERM USE OF PROPHYLACTIC ANTIBIOTICS IN LSCS

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CERTIFICATE

This is to certify that this dissertation titled **"SHORT TERM VS LONG TERM USE OF PROPHYLACTIC ANTIBIOTICS IN CAESAREAN SECTION"** is a bonafide record of work done by **Dr.Mrs. Subha .S.S. D.G.O.,** during the period of her Post graduate study from May 2007 to March 2009 under guidance and supervision in the Department of Obstetrics and Gynaecology, Raja Sir Savalai Ramasamy Mudaliar Hospital, Stanley Medical College Hospital, Chennai-600013 in partial fulfilment of the requirement for **M.D. Branch-II Obstetrics and Gynaecology** Examination of the Tamilnadu Dr. M.G.R. Medical University to be held in March 2009.

Dr.J.MOHANASUNDARAM, M.D., D.N.B., Ph.D.,
DEAN
Stanley Medical College,
Chennai -600 001

Dr.M.MOHANAMBAL, M.D. D.G.O.,
HOD, Superintendent,
Department of Obstetrics & Gynaecology,
Government RSRM Hospital,
Stanley Medical College,
Chennai -600 013

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CONTENTS

INTRODUCTION

Prophylactic antibiotics in surgery is intended to prevent morbidity and mortality as well as to reduce the duration and the cost of hospitalization. Despite the advent of antibiotics, infection in obstetric practice continue to cause problems, particularly the developing countries. The source of wound infection and genital tract infection after caesarean section are primarily bacteria from the patients abdominal skin introduced during or after the incision and bacteria ascending from the vagina before or after the operation. The infection could be due to cross infection.

Ceftriaxone is the third generation cephalosporin. The distinguishing feature of this cephalosporin is its longer duration of action (t½ 8hrs). It exerts potent action on aerobic gram negative bacteria as well as gram positive bacteria.

The present study was carried out to evaluate the efficacy and safety of cefriaxone in caesarean section.

AIM OF THE STUDY

1) To assess the effectiveness of single dose antibiotic prophylaxis with Inj.ceftriaxone 1gm IV in controlling infections in caesarean section.

2) To reduce the total requirement of antibiotics in LSCS cases thus reducing the cost of the treatment.

3) To compare the effectiveness of ceftriaxone with ampicillin and gentamycin combination which is being used presently for 5 days postoperatively.

REVIEW OF LITERATURE

A large number of randomised trials have demonstrated that a single dose of an antimicrobial agent given at the time of caesarean delivery will serve to decrease infection morbidity significantly in high-risk labouring patients as well as those undergoing elective caesarean delivery (American College of Obstetricians and Gynecologist 2003)[31] . Postoperative pelvic infection is the most frequent cause of febrile morbidity and develops in upto 20% of women despite peripartum prophylactic antimicrobials (Goepfort and associates, 2001) [32]

Gordon HR et al (1979) showed that the transplacental passage of prophylactic antibiotic does not increase immediate or delayed neonatal infections. Results show that prophylactic antibiotic initiated after cord clumping is as effective in reducing maternal morbidity as the antibiotic initiated prior to surgery. [1]

Itskovitz et al (1979) showed that the postoperative infection can be reduced by using prophylactic antibiotics in the immediate postoperative period. By this regimen, undesired placental transfer of the antibiotics to the fetus can be avoided. [2]

GALL SA (1979) Showed that preoperative antibiotic administration being beneficial to the obstetric patient. [3]

Schilze G (1980) showed in his study on prophylactic antibiotics in caesasean section, maternal infections were lower in the group given prophylachic antibiotics. [4]

Hawrylyshyn PA etal (1981) showed that prophylactic antibiotics aimed at decreasing postoperative morbidity [5]

Padilla et al (1983) in a prospective, randomized study showed that there were no differences in the effectiveness of the antibiotic whether given preoperatively or intraoperatively, serious infections and wound infections were not encountered in patients receiving prophylactic antibiotic. [6]

Wallace RL (1983) showed that in their study there was a significant reduction in the incidence of postoperative endomyometritis in the group given prophylactic antibiotics, other advantage included a shorter duration of treatment required. The study suggest that patients who undergo emergency primary caesarean section benefit from a short course of prophylactic antibiotics. [7]

Periti P et al (1984) in their prospective study showed the equal efficacy of two short term antimicrobial prophylactic regimens in obstetrical surgery involving a single dose of a long acting cephalosporin, Ceftriaxone in comparison with a multiple dose. The differences on the incidence of infections are not statistically significant. [8]

Jaffe R etal (1985) in their study on single dose antibiotic prophylaxis in emergency caesarean section showed that the incidence of febrile morbidity, endometritis and urinary tract infection were significantly lower in the group given prophylactic antibiotic. Other benefits of antibiotic prophylaxis include shorter hospital stay and no serious infections in the group given prophylactic antibiotic. [9]

Sattzman DH et al (1985) in their study showed single dose antibiotic prophylaxis at cord clamping significantly reduced the incidence of endometritis and febeile morbidity in high risk patients undergoing caesarean section. [10]

Roex AJ etal (1986) showed that shortcourse antibiotic prophylaxis in caesarean section reduced the postoperative wound infection, urinary tract infection and preoperative antibiotic therapy. [11]

Saltzman DH et al (1986) in their prospective double blind study compared the effectiveness of single perioperative dose of antimicrobial prophylaxis and multi-dose antimicrobial prophylaxis for preventing infections in high risk patients undergoing ceasarean section. The single perioperative dose of antibiotic was as effective as three-dose regimen of antibiotic. [12]

Duff P. (1987) showed that a single dose of antibiotic administered after the umbilical cord is clamped provides a degree of prophylaxis comparable to that achieved with two and three dose regiments. [13]

Mahomed K.(1988)showed in his study on 232 patients undergoing elective lower segment caesarean section that the group receiving preoperative prophylactic antibiotic had significantly fewer infections, morbid event and fewer febrile illness and short hospital stay. [14]

Mancuso (1989) evaluated the efficacy of single dose (lg iv) ceftriaxone (Rocephin) in 175 patients undergoing emergency caesarean section (62 patients) or elective caesarean section (113 patients). The overall rate of postoperative infections morbidity was 8% (14/175), with 9.6% (6/62) of the group undergoing emergency surgery and 7.0% (8/113) of the patients choosing elective caesarean section. [15]

Galask RP etal (1989) compared the effectiveness of single dose antibiotics for prophylaxis of post-caesarean infections, combined data suggest that routine multi-dose antibiotic prophylaxis regimens could be replaced by a single dose regimen. [16]

Chan AC et al (1989) in their prospective double blind randomized trial at the Dept. of O & G, the Chinese University of Hong Kong involving 4 groups of patients receiving a single intravenous dose of placebo, ampicillin, ampicillin and metronidazole and amplicillin and sulbactam before operation and showed no difference in post-operative morbidity between the 4 groups of patients. [17]

King C (1989) in his study on the factors influencing the incidence of sepsis following Caesarean section showed that all Caesars probably warrant prophylactic antibiotic. These should be given parenterally in high doses, starting perioperatively. Single does have been found effective. Antibiotic prophylaxis for caesarean section should be preoperative ensuring a high plasma concentration of antibiotic during the operation. [18]

Mallaret et al (1990) in their study on 266 women who had caesarean without high risk of infection in order to study the efficiency of prophylactic antibiotics given during the operation. One group received 1 gm of cefotetan when the cord was being clamped and the other had an injection of placeto. Prophylactic antibiotics are proficient because they reduce post caesarean morbidity due to endometritis, superficial and deep abscesses and septicaemia. The length of hospital stay was significantly reduced in the group that received prophylactic antibiotic. [19]

Oimitrov (1990) showed that antibiotic prophylaxis was of no clinical efficiency is women with low risk caesarean sections. The author recommends restraint in antibiotic prophylaxis of such women, in whom postoperative infections inflammatory complications are anyway rare) the frequency of postoperative infections complication was 6.89% of women, who received penicillin for a period of 3 to 5 days but 5.67% of women who did not received antibiotics prophylactically. [20]

Kristensen et al (1990) showed single dose antibiotic prophylaxis after cord clamping in patients undergoing nonelective caesarean sections significantly reduced the incidence of febrile morbidity without producing any side effect. [21]

Howie PW et al (1990) showed the efficiency of prophylactic antibiotics in caesarean section. [22]

Escobedo Labat etal (1991) compared a long course of ampicillin (7 days) to a short course of ampicillin (3 doses) to placebo, 31 patients were included in the placebo group and 60 in the drug groups. Only one patient in the placebo group and one in the drug group developed infectious morbidity. There was no significant difference (P less than 0.001) between the placebo and ampicillin groups. [23]

Ng NK, Sivalingam N (1992) in their study on the value of administering prophylactic antibiotics in patients undergoing emergency Caesarean section showed that prophylactic antibiotic appear to be beneficial and consideration should be given to make it a routine in all emergency caesarean sections. [24]

Sulovic V etal (1994) studied the effectiveness of prophylactic ceftriaxone in the prevention of complication after caesarean section and its influence on the new born. There were lower incidence of complications associated with

ceftriaxone use than in patients with no antibiotic therapy. The new born to mothers who received ceftriaxone had high Apgar scores. [25]

Wax JR etal (1997) showed that 1gm Cefazolin iv preoperatively is no more effective than the same dose administered after cord clamping in preventing post caesarean infectious morbidity such as wound infection, urinary tract infection. [26]

Huam SH et al (1997) evaluated the effectiveness of single dose antibiotic prophylaxis in decreasing the infectious morbidity. A single dose of prophylactic antibiotic significantly reduced the post operative morbidity and duration of hospital stay in women who underwent elective Caesarean section in their trail. [27]

Yip SK etal (1997) studied the effect of single dose prophylactic antibiotic on patients undergoing caesarean section. Their trail showed single dose prophylactic Augmentation did not produce any clinically significant improvement in the postoperative course of patients undergoing caesarean section. If proper surgical techniques are followed in association with closed rectus sheath drainage, it is unlikely that any trial of antibiotics will be able to demonstrate any clinically significant outcome. [28]

Kolben M etal (2001) showed that postoperative infectious morbidity following low-risk elective caesarean section cannot be reduced by intra operative antibiotic prophylaxis. [29]

Bagratee et al (2001) showed that antibiotic prophylaxis with cefoxitin in elective caesarean section did not reduce post operative infectious morbidity. [30]

Bracero LA 1997 compared single intravenous dose of combination of ampicillin / scilbactam was as safe and effective as a single intravenous dose of Cefotetan administered for the prevention of infections following caesarean delivery in patients at high risk of developing postoperative morbidity. Both antibiotics were safe and well tolerated with no unusual or unexpected events. [31]

Infections occurring after surgery in the female reproductive tract arise from the introduction of normal vaginal flora into the surgical field. More recently, short term (24 hrs) or single dose broad spectrum antibiotic have proved to be equally effective. Therefore we recommend administering a broad spectrum antibiotic with a particular sensitivity to gram – ve organisms to inhibit the growth of aerobic and anerobic organisms. This should be given either as an early intraoperative single dose (or) as preoperative, intraoperative and postoperative doses at 6 hrs intervals. [32]

In 1973, Ledger sweet, Heedington were among the first to demonstrate the effectiveness of short term prophylactic antibiotic therapy. The human skin is constantly and continuously bombarded by organisms present on the environment, cultures from the skin have demonstrated diptheroides, staphylococcus (Aerobic and anaerobic), gram +ve aerobic spore forming bacilli,

strep. Viridans, strep. Faecalis, gram neg bacilli, E.Coli, proteus, candida albicans, mycococci, pityrosporum ovale.

The choice of an appropriate prophylactic antibiotics on any grounds other than chance is impossible. Where the organism may have varying sensitivity to the commonly employed antibiotics. [33]

METHODS FOR PREVENTING INFECTION

As the old adage goes, prevention is better than cure, certain basic principles will hold good as to the obstetrician's role in preventing post operative infection.

PREOPERATIVE PREPARATION

Certain simple practices may go a long way for better results.

Identification of high risk patients antenatally and correction of any preventable factor (eg. Building up the hemoglobin of anemic patients, good glycemic control in diabetic patients, treatment of pre-existing infection).

Care in labour (where Trial of vaginal delivery is being given) to avoid repeated pervaginal examination and judicious amniotomy (once the membranes are ruptured, ideally the labour should not last more than 12 hours.

Shaving of the abdominal hair is now a debated topic as microscopic cuts can fester bacteria. It is believed that removal of excess body hair best done on table just preoperatively, if possible (or) by clipping.

Preparation of the operative area should be meticulously done, using a suitable antiseptic solution, spirit and an iodine based paint. [32]

INTRAOPERATIVE CARE

It has often been claimed that the origin of the most of the postoperative problems is at the time of surgery itself. The ways to reduce problems include.

Use of isolation towels especially for potentially infected / High risk cases.

Meticulous hemostasis as blood clots acts as a nidus to fester bacteria.

Adherance to surgical principles of minimizing tissue trauma and avoiding crushing / over cauterizing the tissues.

Careful suctioning of all collected fluid, (blood amniotic fluid, meconium) from the abdominal cavity with peritoneal lavage as necessary.

Exteriorization of the uterus (eventration) to facilitate suturing is a common practice but controversial now. It is claimed that such a practice may predispose to tissue trauma to adnexa and to infection.Use of suture material which causes less tissue reaction is claimed to have better results as for as healing goes.

If subcuticular closure of skin is practiced, ensuring complete hemostasis is essential, along with use of a less reactive suture material. In all cases a nonbraided or monofilament, suture is considered preferable as polyfilament materials act as wicks, drawing bacteria inside them. [33]

POST-OPERATIVE SEPSIS

Antibiotic prophylaxis has had a major beneficial effect on infectious morbidity postcaesarean and posthysterectomy as confirmed by Cochrane overviews of 69 randomised controlled trails of antibiotics given at the time of caesarean section. They have unequivocally demonstrated that there is statistically significant reduction on postpartum febrile morbidity, endometritis, wound infection and serious infections. Routine antibiotics can also cause widespread resistance like methicillin resistant staph aureus. Preventing infections at operative sites has long been a goal of gynaecological and obstetrical surgeons. These infections constitute leading cause of morbidity after both elective and emergency surgical procedures and can cause serious sequelae like phlegmon, pelvic abscesses, septic pelvic thrombophlebitis, wound abscess and wound dehiscence.

POST-OPERATIVE SEPSIS

Complications after caesarean section

1) Urinary Tract Infection (UTI) :

UTI are common problems post caesarean and post hysterectomy with reported rates of bacteremia of 20% post catheterization. Symptoms are frequency and burning micturition with lower abdominal pain and fever. Although catheterization is relatively safe in an office setting, numerous bladder infections are caused in hospitalized patients when urethral organisms are introduced via this common procedure.

Most UTI's are caused by gram negative bacilli. Up to 10 percent, however, may be caused by gram positive organism commonly enterococcus infection due to anaerobic organisms is extremely rare. Whereas chlamydial and mycoplasmal infections are increasing. The gram negative bacilli that cause over 60 percent of UTI's are Escherichia coli, followed in frequency by Klebsiella, enterobacter, proteus, providencia and pseudomonas. Occasionally serratia and other bacteria isolated. Diagonosis is confirmed by urine culture and treatment depends on culture sensitivity. Amoxycilin, coamoxclav, ciprofloxacin are good urinary antiseptics which will take care of wound infection also.

Wound Sepsis :

Wound infection can complicate upto 20-27% caesarean section. The rate of wound sepsis are different on different categories of surgeries and were 7% and 30% primary obstetrical and repeat obstetric surgeries respectively. High risk

factors for wound sepsis are obesity, difficult and prolonged surgery, membranes ruptured more than 12 hrs and more than 7 vaginal examinations.

Treatment included broadspectrum antibiotics and drainage of pus from wound by removing stitches.

Respiratory Tract infections

They can occur on any patient including postoperative cases, more so in patients who had general anaesthesia for the surgery. Symptoms will be cough with expectoration, fever, treatment is by amoxicillin or cephalosporins, steam inhalation and cough suppressants.

Malaria :

In India, Malaria can occur in postoperative period due to mosquitoes producing high grade intermittent fever with rigor and chills. Diagnosis is by peripheral blood film for malarial parasites and treatment is with chloroquine or other antimalarial agents

Genital Infection :

Genital infection can occur in obstetric and gynecological surgery and can be cuffs cellulitis and pelvic inflammatory disease or pelvic cellulitis and parametritis and abscesses.

Complications of Uterine Infection

After Caesarean Section majority of patients (upto 90%) respond within 48-72hours with antibiotics but few can have following complications.

Peritonitis

It is a serious complication and can happen by lymphatic spread from uterine infection or from uterine incisional necrosis and dehiscence. Even rupture of pelvic cellulitis or parametrial and adnexal abscess can cause peritonitis. Patient will be very sick with high grade fever, severe abdominal pain, marked bowel distention. Treatment is by combination of antimicrobial therapy and surgical drainage of pus if localization of pus occurs. Intra venous hydration is required. Remote complications will be adhesion formation causing intestinal obstruction.

Adnexal Infection

Tubal and ovarian abscess can be formed which may rupture to cause peritonitis or causes tubal blockade and infertility. Antimicrobial therapy and surgical drainage if localized abscess may be required.

Parametrial Phlegmon

It is a type of parametrial cellulitis causing induration in broad ligaments and can extend into uterine incision causing necrosis. Treatment is by antimicrobial therapy, routine hydration and sometimes subtotal hysterectomy with removal of mass if possible.

Pelvic Abscess

It may be a complication of puerperal sepsis or parametrial phlegmon forming a fluctuant swelling in the pouch of Douglas which if left untreated can rupture and cause generalised peritonitis. Treatment is drainage of abscess usually by colpotomy and leaving a drain and broad spectrum antimicrobial therapy.

Antibiotic prophylaxis has had major beneficial effect on infectious morbidity post caesarean as confirmed by Cochrane overviews of 69 randomized controlled trails of antibiotics given at the time of caesarean operation. There can be abdominal incisional infection following caesarean in 3-15% cases which can be reduced to 2% by prophylactic antibiotics. They have unequivocally demonstrated that there is a statistically significant reduction in postpartum febrile morbidity. Endometritis, wound infection and serious infections.

CEPHALOSPORINS

History and Source

Cephalosporium acremonium, the first source of the cephalosporins, was isolated in 1948 by Brotzu from the sea near a sewer outlet off the Sardinian coast. Crude filtrates from cultures of this fungus were found to inhibit the in vitro growth of staph aureus and to cure staphylococcal infections and typhoid fever in human beings. Culture fluids in which the Sardinian fungus was cultivated were found to contain three distinct antibiotics, which were named cephalosporin P, N,

and C. With the isolation of the active nucleus of cephalosporin C, 7-aminocephalosporinic acid, and with the addition of side chains it became possible to produce semisynthetic compounds with antibacterial activity very much greater than that of the parent substance. (For a historical review and discussion of the biochemistry of the cephalosporins, Abraham, 1962; Flynn, 1972).

Chemistry

Cephalosporin C contains a side chain derived from d-a aminiadipic acid, which is condensed with a dihydrothiazine b-lactam ring system (7-aminocephalosporanic acid). Compounds containing 7-aminocephalosporanic acid are relatively stable in dilute acid and highly resistant to penicillinase, regardless of the nature of their side chains and their affinity for the enzyme.

Cephalsoporin C can be hydrolyzed by acid to 7 – aminocephalosporanic acid. This compound subsequently has been modified by the addition of different side chains to create a whole family of cephalosporin antibiotics. It appears that modifications at position 7 of the b-lactam ring are associated with alteration in antibacterial activity and that substitutions at position 3 of the dihydrothiazine ring are associated with change in the metabolism and the pharmacokinetic properties of the drugs (Huber et al 1972).

The cephamycins are similar to the cephalosporins, but have a methoxy group at position 7 of the b-lactam ring of the 7-aminocephalosporanic acid nucleus.

Mechanism of Action

Cephalosporins and cephamycins inhibits bacterial cell-wall synthesis in a manner similar to that of pencillin.

Classification

The explosive growth of the cephalosporins during the past decade has taxed the best of memories and makes a system of classification most desirable. Although cephalosporins may be classified by their chemical structure, clinical pharmacology, resistance to β-lactamase, or antimicrobial spectrum, the well-accepted system of classification by "generations" is very useful, although admittedly somewhat arbitrary.

Classification by generations is based on general features of antimicrobial activity (Karchmer, 2000). The first generation cephalosporins, epitomized by cephalothin and cefazolin, have good activity against gram positive bacteria and relatively modest activity against gram negative microorganisms. Most oral cavity anaerobes are sensitive, but the B. fragilis group is resistant. The second generation cephalosporins have somewhat increased activity against gram negative microorganisms, but are much less active than the third generation

agents. Third generation cephalosporins are more active against the enterobacteriaceae, including β-lactamase producing strains.

CEPHALOSPORIN GENERATIONS

Generation	Examples	Useful Spectrum
First	Cefazolin (Ancef, Kefzol, Zolicef) Cephalothin (Keflin) Cephalexin (Keflex, cefanex, others)	Streptococci; Stapylococcus aureus. No activity against Entercocci or Listeria.
Second	Cefuroxime (Ceftin, Kefurox, Zonacef) Cefaclor (Ceclor) Cefoxitin (Mefoxin) Cefotetan (Cefotan)	Escherichia coli, Klebsiella, proteus, Haemophilus influenzae, Moraxella catarrhalis, Not as active against gram postive organisms as first geneation agents. Similar spectrum to cefuroxime but with added activity against Bacteroides fragilis.
Third	Cefotaxime (Claforan) Ceftriaxone (Rocephin) Ceftazidime (Ceptaz, Fortaz, Tazidime, Others)	Enterobacteriaceae ; Pseudomonas aeruginosa ; Serratia; Neisseria gonorrhoea; activity for staphylococcus aureus and streptococcus pyogenes, comparable to first generation agents.
Fourth	Cefepime	Comparable to third generation but more resistant to some β-lactamases

Mechanisms of Bacterial Resistance to the Cephalosporins.

Resistance to the cephalosporins may be related to inability of the antibiotic to reach its site of actions, to alterations in the penicillin-binding proteins (PBPs) that are targets of the cephalosporins, such that the antibiotics bind with lower affinity, or to bacterial enzymes (β-lactamases) that can hydrolyze the β-lactam ring and inactivate the cephalosporin. Alternation in two PBPs (1A and 2X), such that they bind cephalosporins with lower affinity, are sufficient to render pneumococcus resistant to third generation cephalosporins, as the other three high molecular weight PBPs have inherently low affinity (Spratt, 1994).

The most prevalent mechanism of resistance to cephalosprons in destruction of the cephalosporins by hydrolysis of the β-lactam ring. Many gram positive microorganisms release relatively large amounts of β-lactamase into the surrounding medium. Although gram negative bacteria seem to produce less β-lactam, the location of their enzyme in the periplasmic space may make it more effective in destroying cephalosporins as they diffuse to their targets on the inner membrance, as in the case for the penicillins. The cephalosporins, however, have variable susceptibility to β-lactamase. The third generation cephalosporins are more resistant to hydrolysis by the β-lactamases. Induction of type I –lactamases by treatment of infections due to aerobic gram negative bacilli (especially enterobacter spp., citrobacter freundii, Morganella, Serratia,

Providencia, and pseud. Aeruginosa) with second or third generation cephalosporins and / or imipenem may result in resistance to all third generation cephalosporins.

Cephalexin, cepharadine, cefaclor, cefadroxil, loracarbef, cefprozil, cefixime, cefpodoxime proxetil, ceftibuten and cefuroxime axetil are absorbed after oral administration and can be given by this route. Cephalothin and cephapirin cause pain when given by intramuscular injection and thus are usually used only intravenously. The third generation cephalosporin ceftriaxone canbe administered intramuscularly or intravenously.

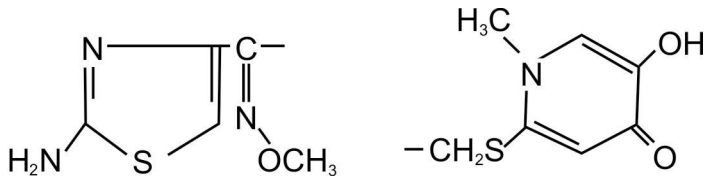
Cephalosporins are excreted primarily by the kidney, dosage thus should be altered in patients with renal insufficiency. Probenecid slows the tubular secretion of most cephalosporins (DeSante et al 1982).

Several cephalosporins penetrate into CSF in sufficient concentration to be useful for the treatment of meningitis. These include cefuroxime, moxalactam, cefotaxime, ceftriaxone, cefepime, and ceftizoxime (Therapeutic Uses). Cephalosporins also cross the placenta, and they are found in high concentrations in synovial and pericardial fluid. Penetration into the aqueous humor of the eye is relatively good after systemic administration of third generation agents, but penetration into the vitreous humor is poor. There is some evidence that concentrations sufficient for therapy of ocular infection due to gram

positive and certain gram negative microorganisms can be achieved after systemic administration.

Third Generation Cephalosporins

Structural formula of **Ceftriaxone** (Rochephin)



T1-2= 8 hours

Third generation cephalosporin with good activity against pseudomonas.

Cefotaxime was the first of the third generation cephalosporins to become available on the United States. Ceftriaxone is highly resistant to many of the bacterial β-lactamases and has good activity against many gram positive and gram negative aerobic bacteria. However, activity against B. Fragilis is poor as compared to agents such as clindamycin and metronidazole (Neu et al 1979). Ceftriaxone has half life in plasma of about 8 hours and administration of the drug every 12 hours for serious infections. Cerftriaxone has been utilized effectively for meningitis caused by H. influenzae, penicillin sensitive strep. Pneumoniae and N. meningitides (Landesman et al 1981, Cherubin et al 1982, Mullaney and John 1983). Cerftriaxone has a half life of about 8 hrs. Administration of the drug once or twice daily been effective for meningitis. (Del

Rio et al.,1983; Brogden and ward, 1988), whereas dosage once a day has been effective for other infection (Baumgartner and Glauser, 1983). About half the drug can be recovered from the urine. The remainder appears to be eliminated by biliary secretion. A single dose of Cerftriaxone (125 to 250 mgs) is effective in the treatment of urethral, cervical, rectal or pharyngeal gonorrhea, including disease caused by penicillinase producing microorganisms.

ADVERSE REACTIONS

Hypersensitivity reactions to the cephalosporins are the most common side effects (Pets, 1978), and there is no evidence that any single cephalosporin is more or less likely to cause such sensitization. The reactions appear to be identical to those caused by the penicillins, and this may be related to the shared β-lactam structure of both groups of antibiotics (Bennett et al., 1983). Immediate reactions such as anaphylaxis bronchospasm, and urticaria are observed. More commonly, maculopapular rash develops, usually after several days of therapy ; this may not be accompanied by fever and eosinophilia.

Because of the similarity in structure of the penicillins and cephalosporins, patients who are allergic to one class of agents may manifest cross-reactivity when a member of the other class is administered. Immunological studies have demonstrated cross-reactivity in as many as 20% of patients a much lower frequency (about 1%) of such reactions (Saxon et al., 1984). There are no skin

tests that can reliably predict whether a patient will manifest an allergic reaction to the cephalosporins.

Patients with a history of a mild or a temporally distant reaction to penicillin appear to be at low risk of rash or other allergic reaction following the administration of a cephalosporin. However, patients who have had a recent severe, immediate reaction to a penicillin should be given a cephalosporin with great caution, if at all. A positive Coomb's reaction appears frequently in patients who receive large doses of a cephalosporins have produced rare instances of bone-marrow depression, characterized by granulocytopenia (Kammer, 1984).

The cephalosporins have been implicated as potentially nephrotoxic agents, although they are not nearly as toxic to the kidney as are the aminoglycosides or the polymyxins (Barza, 1978). Renal tubular necrosis has followed the administration of cephaloridine in doses greater than 4 g per day ; this agent is no longer available in the United States. Cephalosporins are much less toxic and, in recommended doses, rarely produce significant renal toxicity when used by themselves. High doses of cephalothin have produced acute tubular necrosis in certain instances, and usual doses (8 to 12g per day) have caused nephrotoxicity in patients with preexisting renal disease (Pasternack and Stepens, 1975). Serious bleeding related either to hypoprothombinemia, thrombocytopenia and / or platelet dysfunction has been reported with several β-lactam antibiotics (Bank and Kammer, 1983; Sattler et al., 1986.

THERAPEUTIC USES

The cephalosporins are widely used and therapeutically important antibiotics. Clinical studies have shown cephalosporins to be effective as both therapeutic and prophylactic agents (Donowitz and Mandell, 1988). Cephalosporins, either with or without aminoglycosides, have been considered to be the drugs of choice for serious infections caused by Klebsiella, Enterobacter, Proteus, Providencia, Serratia, and Haemophilus species. The third-generation cephalosporins cefotaxime or ceftriaxone currently are the drugs of choice for the initial treatment of meningitis in nonimmunocompromised adults, children older than 3 months (pending identification of the causative agent) because of their antimicrobial activity, good penetration into CSF, and record of clinical success. They are of proven effectiveness for the treatment of meningitis caused by H. influenzae, sensitive Strp. Penumoniae, N. Meningitidis, and gram-negative enteric bacteria.

Cephalosporins still are useful as alternatives to penicillins for a variety of infections in patients who cannot tolerate penicillins. These include streptococcal and straphylococcal infections. Infections with anaerobes often are treated with combinations of antibiotics, since aerobic microorganisms usually also are present.

The spectrum of activity of cefuroxime, cefotaxime, ceftriaxone, and ceftizoxime appears to be excellent for the treatment of pneumonias acquired in

the community. ie., those caused by pneumococci (except cephalosporin resistant isolates) H.influenzae (including strains that produce β-lactamase) or staphylococci.

Nosocomial infections frequently are caused by microorganisms that are resistant to many of the commonly used agents, such as many of the cephalosporins, ampicillin and some of the antipseudomonal penicillins and aminoglycosides. Third generation cephalosporins and imipenem have been useful additions to therapy, but the emergence of inducible chromosomal β-lactacmases and plasmid mediated, extended spectrum β-lactamases in nosocomial, enteric, gram negative bacilli has limited their usefulness. Patients who are severely neutropenic have been treated successfully with either a third generation cephalosporin plus an aminoglycoside or for selected patients a third generation cephalosporin that is active against Pseudomonas (e.g. ceftazidime) without an aminoglycoside (Pizzo et al. 1986)

MATERIALS AND METHODS OF STUDY

The study was carried out in the Department of Obstetrics and Gynaecology, Government RSRM Hospital, Chennai. The period of study from June 2007 to October 2008.

This was a prospective study which involved 1000 cases who were divided into two groups randomly after excluding the exclusion criteria.

The Exclusion Criteria were:-

1) Hypersensitivity to Cephalosporins
2) Preexisting infection
3) Concomitant systemic disease such as uncontrolled diabetes, hypertension, renal or hepatic disease
4) PROM
5) Patients on pretreatment with other antibiotics.
6) Patients with Asthma, Anemia, Temperature >38^{0}C, respiratory insufficiency or those having any sort of infection not included in the study.

Group I consisted of 500 Cases who were given Inj. Ceftriaxone 1gm IV at the time of clamping of the umbilical cord during caesarean section.

Group – II consisted of 500 cases who received Inj. Ampicillin 500mgs and Inj. Garamycin 80mgs which was started 4-6hrs after surgery and was given bd for 48hrs followed by oral amoxicillin 500mgs 6hrly for 72 hours and gentamycin 80mgs Im 12 hourly for 5 days.

The presence of temperature, vaginal infection, Urinary Tract Infection, Respiratory Tract Infection, abdominal wound infection, need for additional antibiotic and the period of hospital stay were carefully noted. High vaginal swab and abdominal wound swab were sent for culture and sensitivity and results on each group were meticulously compared.

RESULTS

Total No. of Cases taken for Group – I : 500

Total No. of Cases taken for Group – II : 500

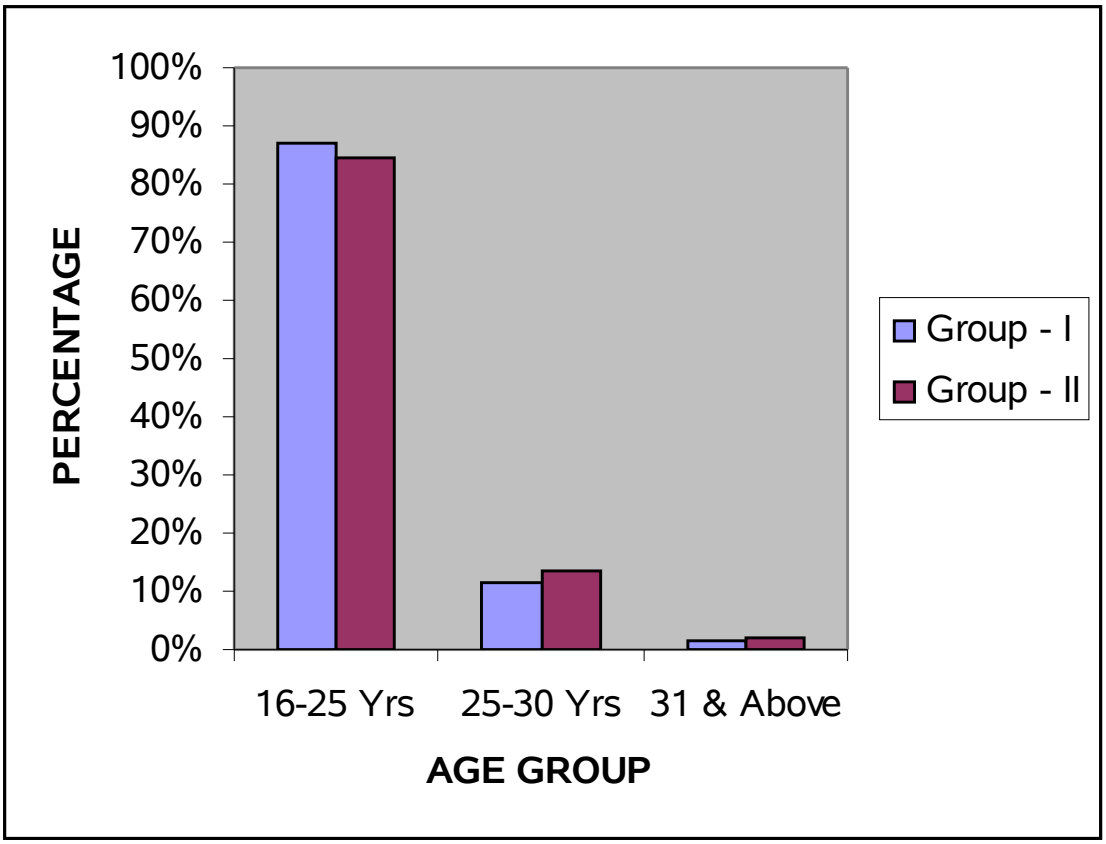
AGE DISTRIBUTION IN LSCS GROUP

TABLE – I

Age Group	Group – I		Group – II	
	No	%	No	%
16-25 Years	435	87%	422	84.4%
26-30 Years	57	11.4%	67	13.4%
31 & above	8	1.6%	11	2.2%

Table – 1: Shows the Age Distribution in both LSCS Group – I & II.

AGE DISTRIBUTION IN LSCS GROUP



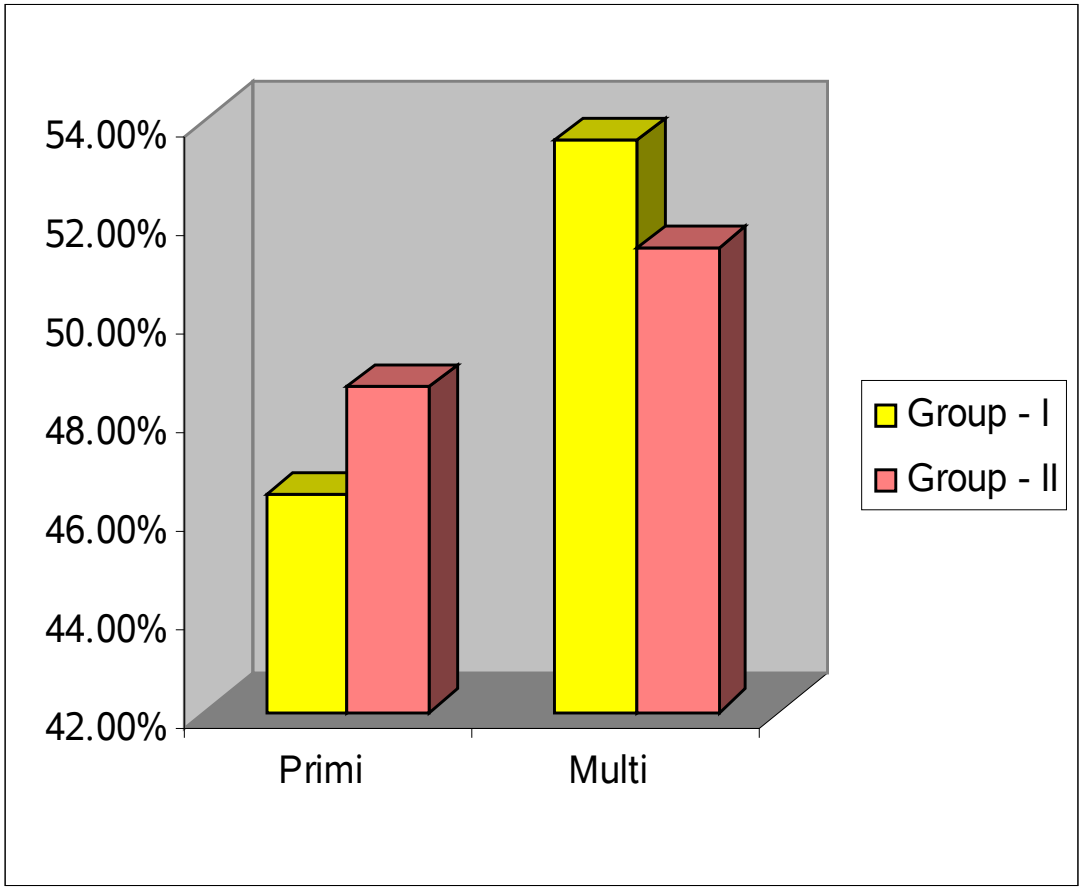
PARITY GROUP

TABLE - 2

	Group – I		Group – II	
	No	**%**	**No**	**%**
Primi	232	46.4%	243	48.6%
Multi	268	53.6%	257	51.4%

Table – 2: shows the No. of Primi and Multi in both Group – I & II.

PARITY GROUP

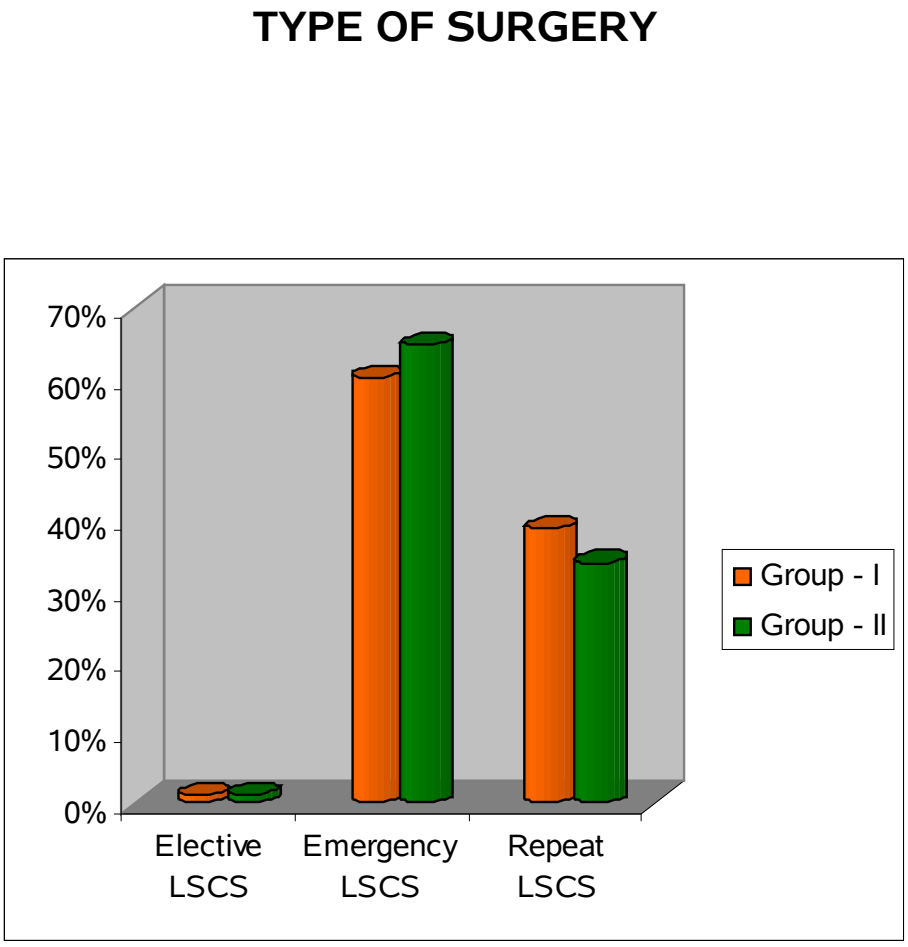


TYPE OF SURGERY

TABLE - 3

	Group – I		Group – II	
	No	**%**	**No**	**%**
Elective LSCS	5	1%	6	1.2%
Emergency LSCS	301	60.2%	324	64.8%
Repeat LSCS	194	38.8%	170	34.0%

Table – 3: shows the Type of Surgery in both Group – I & II.



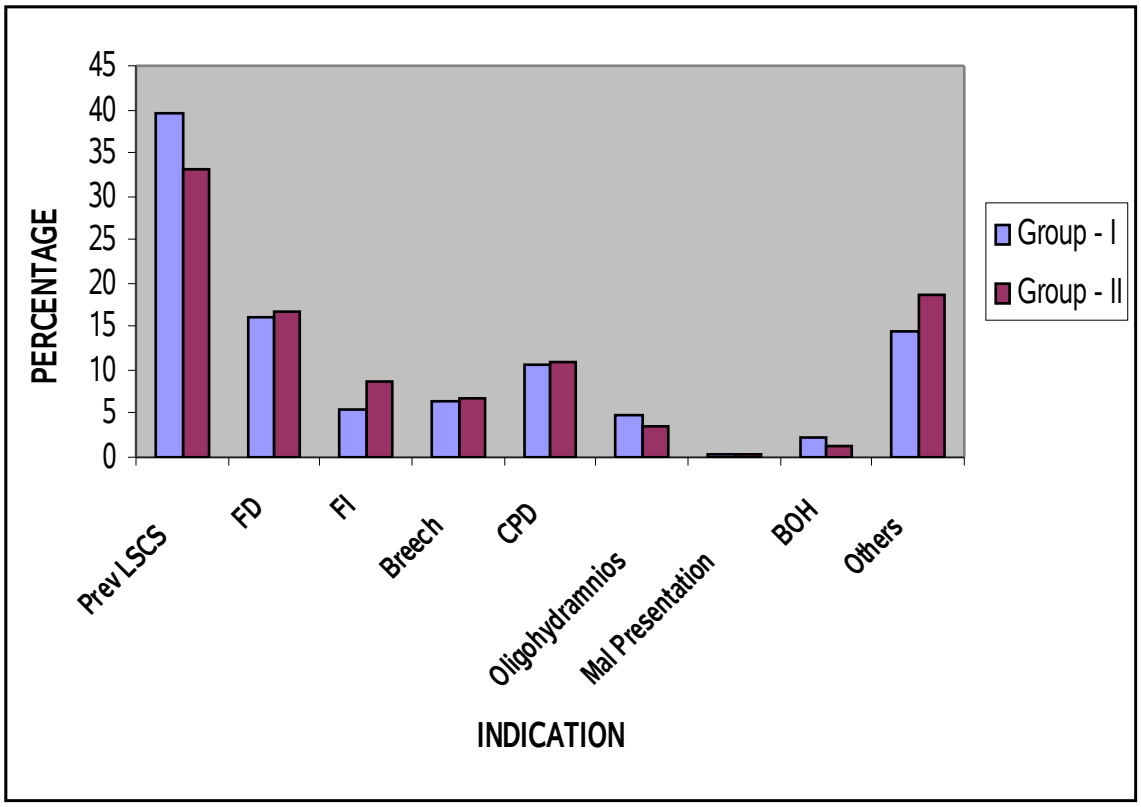
INDICATIONS OF LSCS

TABLE – 4

Indication	Group – I		Group – II	
	No	%	No	%
Previous LSCS with CPD	197	39.4	166	33.2
Fetal Distress	81	16.2	83	16.6
Failed Induction	28	5.6	44	8.8
Breech	32	6.4	34	6.8
CPD	53	10.6	54	10.8
Oligohydramnios	24	4.8	17	3.4
Mal Presentation	2	0.4	2	0.4
BOH	11	2.2	7	1.4
Others	72	14.4	93	18.6

Table – 4: shows the Indication for LSCS in both Group – I & II.

INDICATIONS OF LSCS



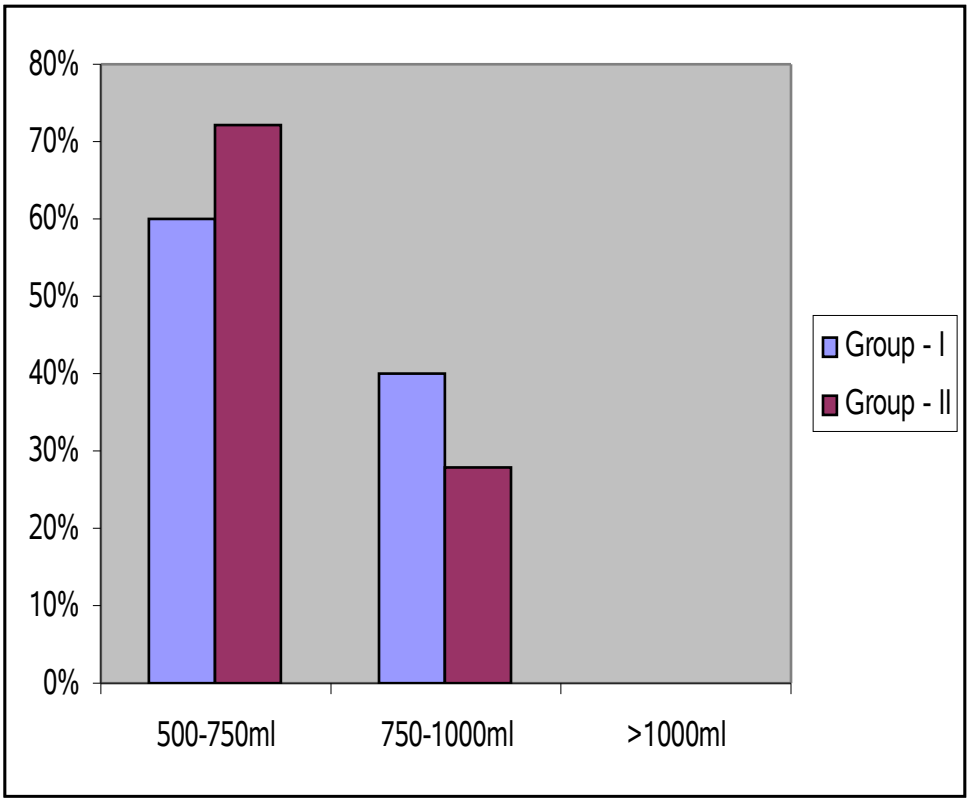
BLOOD LOSS DURING LSCS

TABLE – 5

Blood Loss	Group – I		Group – II	
	No	%	No	%
500 – 750ml	300	60	360	72
750 – 1000ml	200	40	140	28
> 1000ml	-	-	-	-

Table – 5: shows the amount of Blood Loss during LSCS in both Group – I & II.

BLOOD LOSS DURING LSCS



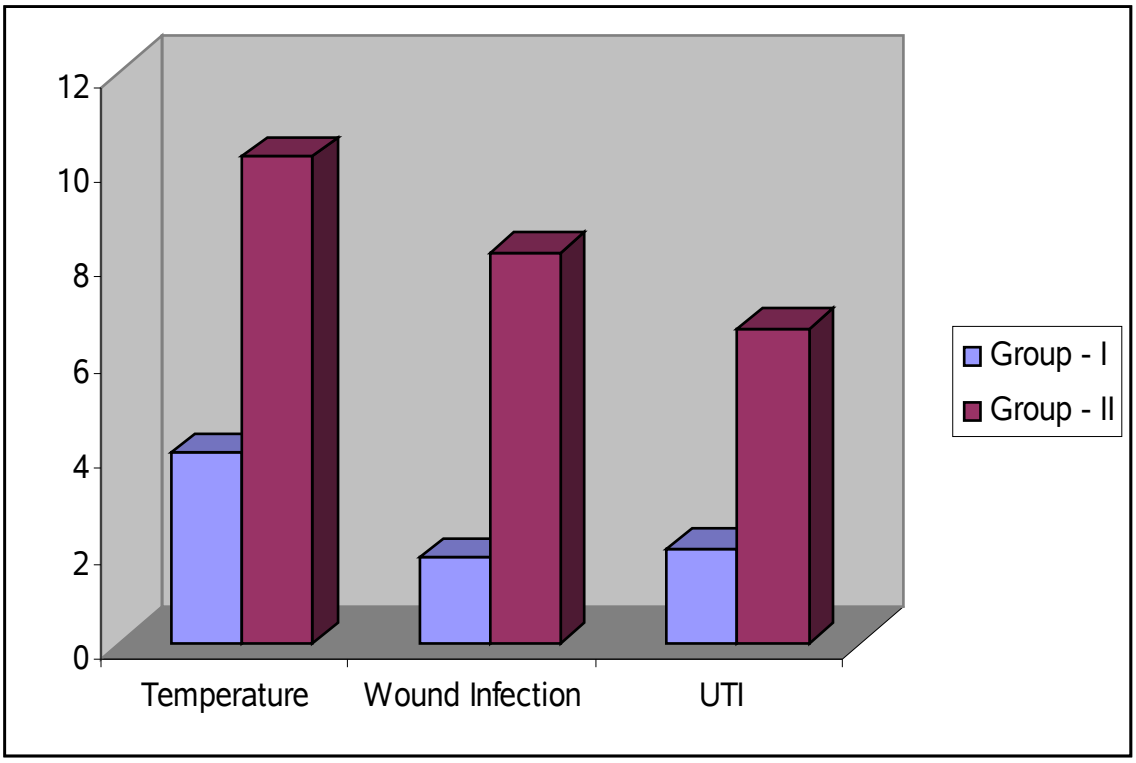
POST OPERATIVE COMPLICATIONS

TABLE – 6

	Group – I		Group – II	
	No	**%**	**No**	**%**
Temperature	20	4	51	10.2
Cough	4	0.8	10	2
Vomiting			20	4
Abdominal Distension			10	2
Wound Infection	9	1.8	41	8.2
UTI	10	2	33	6.6
Adverse Reactions			10	2
Abdominal Wound Resuturing			5	1
Thromphlebitis				

Table – 6: shows the Post Operative Complications of 1000 patients undergone LSCS in Group- I & II.

POST OPERATIVE COMPLICATIONS



WOUND INFECTION

TABLE – 7

Organisms Cultured	Group – I	Group - II
E-coli	-	9
Staphylococcus Aureus	10	30
Klebsiella	-	2
Proteus	-	-

Table – 7: shows the Wound Infection in Group- I & II.

URINARY TRACT INFECTION

TABLE – 8

Organisms Cultured	Group – I	Group - II
E-coli	10	28
Staphylococcus Aureus	-	-
Klebsiella	-	4
Proteus	-	1

Table – 8: shows the Urinary Tract Infection in Group- I & II.

INFECTIOUS MORBIDITY

TABLE – 9

Results	Group – I	Group - II	P-Value
Febrile Morbidity	4%	10.2%	<0.001
Wound Infection	1.8%	8.2%	<0.001
Urinary Tract Infection	2%	6.6%	<0.001
Abnormal Vaginal Discharge	-	2%	Not Significant

Table – 9: shows the Infectious Morbidity in Group I & II.

POST OPERATIVE PERIOD

TABLE – 10

Post – Op Period	No. of Days of Hospital Stay	
	Group – I	Group - II
Afebrile Patients	9	9
Febrile Patients	12	15
Wound Infection	14	16
UTI	10	12

Table 10 shows postoperative period in both groups. Over all mean post operative hospital stay for all patients in the ceftriaxone group was significantly less than that of control group.

DISCUSSION

The primary aim of prophylactic antibiotics is to reduce the infection and thereby reduce morbidity and mortality. Antibiotic prophylaxis for caesarean section should be perioperative, ensuring a high plasma concentration of antibiotic during the operation. Various recent studies in obstetric cases proved that there is definite role of prophylactic antibiotics (Huam et al 1997 [27] and Sulovic V et al 1994 [25], bagratee 2001[30]).

Before the routine use of prophylactic antibiotics for caesarean section, the febrile morbidity and endomyometritis rates were 36% and 32% respectively. This declined to 14% and 6% respectively, in study of Saltzman et al (1985)[10].

TABLE - 1

FEBRILE MORBIDITY

	Group – I	Group – II
Kristenesen 1990	2%	19.2%
Saltzman 1985	14%	32.7%
Itskovitz J 1979	16%	30%
Huam 1997	8%	18%
Bagratee 2001	8.3%	7.9%
Mancuso 1989	8%	9.6%
Sulovic 1994	12.5	24.2
Study Group	4%	10.2%

In the present study, the febrile morbidity was 4% in the ceftriaxone group when compared to 10.2% in the conventional agents in Group – II.

In Group – I, 20 patients developed fever, these patients had low grade temperature which lasted for 3 days. 9 Patients had abdominal wound infection and the culture showed growth of staphylococcus aureus sensitive to ciprofloxacin.

In Group – II, 55 Patients developed fever. These patients had low grade temperature which lasted for 3 days. 5 Patients had high grade temperature 101^0 F lasted for 2 days. Blood Smear for malaria taken and treated with Chloroquine. 41 patients had abdominal wound infection and the culture showed growth of Staphylococcus aureus sensitive to Ciprofloxacin. In 2 patients wound culture showed Klebsiella sensitive to norfloxacin.

TABLE – 2

WOUND INFECTION

	Group – I	Group – II
Huam 1997	3%	13%
Bagratee 2001	12.5%	13.3%
Mallaret 1990	12.5%	26%
M.K. Swamy 1998	4%	16%
Brar et al 1999	8%	28%
Study Group	1.8%	8.2%

Table 2 shows the wound infection rate in various studies.

In Group – I, 9 patients developed wound infection, 6 patients on 6^{th} post operative days and 4 on 7^{th} post operative day and culture showed growth of staphylococcus aureus sensitive to ciprofloxacin.

In Group – 2, 41 patients developed wound infection. 19 patients had growth of staphylococcus aureus sensitive to ciprofloxacin, 4 patient had E.coli and other patient had klebsiella sensitive to Norfloxacin.

TABLE – 3

URINARY TRACT INFECTION

	Group – I	Group – II
Agarwal 1993	Nil	6%
Batra 1994	4%	8%
M.K. Swamy 1998	2%	22%
Brar et al 1999	12%	32%
Study Group	2%	6.6%

Table 3 shows the Urinary Tract Infection in various studies. In the present study UTI was 2% in the ceftriaxone group and 6.6% in the use of conventional agents.

In Group – 1, 10 patients developed UTI on 5th post operative day. These patients had growth of E.Coli sensitive to norfloxacin.

In Group – II, 33 patients had UTI. These patients developed burning micturition on 6th post operative day, 25 patients had E.coli sensitive to ciprofloxacin, 4 patients had Klebsiella and 1 patient had proteus sensitive to ciprofloxacin.

TABLE – 4

ADVERSE REACTIONS

	Group – I	Group – II
Batra 1994	Nil	4%
Brar et al 1999	Nil	8%
Samal 1988	2%	2%
M.K. Swamy 1998	1%	15%
Study Group	Nil	2%

In Group – II, 10 patients had diarrhea for 2 days. In these cases ampicillin was omitted and ciprofloxacin started.

Extended courses can be kept for cases requiring prolonged surgical procedures.

In the present study, single dose use of ceftriaxone has been documented to be more effective in controlling tissue inflammatory response as compared to traditional use of extended two drugs combination Ampicillin and Gentamycin.

Ceftriaxone is well tolerated after IV injection. They also have added advantage of safety and tolerance. Lower infection rates can be achieved using long acting antibiotic such as ceftriaxone given as a single dose 1gm[30].

SUMMARY

1. 500 cases of LSCS were included in Group – I and these were given Inj. Ceftriaxone 1gm IV at the time of clamping umbilical cord.

2. 500 Cases of LSCS were included in Group – II and they were given Inj. Ampicillin 500mgs 12 hourly and Inj. Garamycin 80mgs 12 hourly for 5 days as in the present practice.

3. Incidence of febrile morbidity in Ceftriaxone Group was 4% and in Ampicillin / Garamycin Group was 10.2% with P Value of <0.001

4. Incidence of wound infection in Ceftriaxone Group was 1.8% and in Ampicillin / Garamycin Group was 8.2% with P-Value of <0.001

5. Culture and sensitivity of pus from wound shows the growth of staphylococcus aureus in Ceftriaxone Group was 1.8% and Ampicillin / Garamycin Group was 8.2%. In Group-II in addition to staphylococcus, organisms grown were E.coli and Klebsiella and appropriate antibiotic like norfloxacin were started.

6. Incidence of urinary tract infections in Ceftriaxone Group was 2% and Ampicillin/Garamycin Group was 6.6% and the organisms responsible for

UTI were E.coli in Group –I. In Group II E.coli, Klebsiella and proteus and appropriate antibiotics like ciprofloxacin started.

7. Incidence of adverse reactions were nil in Ceftriaxone Group and in Ampicillin /Garamycin Group were 2%.

8. Overall mean postoperative hospital stay was significantly less in Ceftriaxone Group than Ampicillin/Garamycin Group.

9. Single dose Ceftriaxone prophylaxis is cost effective in that the cost of treatment is 4 times less than that of conventional antibiotic Ampicillin / Garamycin.

10. Ceftriaxone prophylaxis is safe, effective, convenient and saves manpower thus preventing irregularity in administering drugs and can easily replace the 5 days extended use of antibiotics.

CONCLUSION

In the present study antibiotic prophylaxis with single dose ceftriaxone 1gm iv administered at the time of cord clamping in caesarean section is very safe, cost effective, more convenient and also effective in reducing maternal morbidity and post operative hospital stay when compared to traditional use of Ampicillin / Garamycin in caesarean section.

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PROFORMA

LSCS GROUP - I

Name : Age : I.P.No. :

Address: Ht :

Wt :

G P L A LMP EDD

Marital H/o DOA :

Menstrual H/o DOS :

Past H/o DOD :

Obstetric H/o

Present Pregnancy

Admission for complaints Pain / Safe Confinement

GENERAL EXAMINATION

CVS : Pulse : Temp :

RS : RR : BP :

P/A Uterine Ht : Estimated Fetal Wt :

Lie : Type of Incision :

Presentation : Head: Mobile / Unengated

CPD : Yes / No

PV:

INVESTIGATIONS

Hb% Bl. Group :

Urine : Alb USG :

Sug.

Dep Bl. Sugar :

Indication for Surgery :

Duration of Surgery :

Antibiotics :

Blood Transfusion : Yes . No Anaesthesia:

Post Operative Period :

Antibiotics : General Conditions :

Temp. :

Day of Mobilization:

Lung Infection :

Wound Induration:

Wound Sepsis :

Lochia :

Secondary Haemorrhage:

Wound Resuturing:

Adverse Reaction :

Thrombophlebitis :

Condition at the time of discharge:

MASTER CHART
GROUP - I

Sl No	Name	IP No.	Age	Parity	Type of Surgery	Indication	Wound Infection	UTI	Fever	Adverse Reactions	Abnormal Vaginal Discharge	Organisms Cultured	Other Antibiotic Used
1	Navarathana	659	26F	$G_2 P_1 L_0$	Em. LSCS	Foetal alarm sign	Nil	Nil	Nil	Nil	Nil	Nil	Nil
2	Manjula	757	19F	$G_3 P_1 L_0 A_1$	Em. LSCS	BOH failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
3	Bagiyamma	685	24F	$G_3 P_1 L_1 A_1$	Em. Rpt LSCS	Prev LSCS with UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
4	Ambaligai	197	28F	Primi	EM. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
5	Stellamary	986	24F	$G_4 P_1 L_1 A_2$	Em. LSCS	PIH with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
6	Selvi	1054	26F	$G_2 P_1 L_1$	Em. RPT LSCS	Prev. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
7	Umamaheswari	1076	28F	$G_2 P_1 L_1$	Em. LSCS ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
8	Malleswari	1083	28F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS with UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
9	Sumathy	1082	20F	$G_2 P_1 L_1$	Em. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
10	Saritha	1002	23F	Primi	Em. LSCS	Post datism Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
11	Sujatha	732	25F	Primi	Em. LSCS	Post datism Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
12	Kumudha	1027	23F	$G_2 P_1 L_1$	Ele Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
13	Srividhya	7704	20F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
14	Shanthi	7728	18F	$G_2 P_1 L_1$	Em. Rpt. LSCS ST	Prev LSCS with CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
15	Dhanalakshmi	7559	24F	Primi	Em. LSCS	Short PRIMI with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
16	Seetha	7125	22F	$G_2 P_1 L_0$	Em. LSCS	Twin preg with BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
17	Sujatha	7570	26F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
18	Sumathy	7713	25F	Primi	Em. LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
19	Saraswathy	7573	28F	$G_3 P_2 L_1$	Em. Rpt LSCS	Prev. LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
20	Fathima	7701	20F	Primi	Em.LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
21	Sridevi	7661	27F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS fetal alarm sign	Nil	Nil	Nil	Nil	Nil	Nil	Nil
22	Sumathy	7555	28F	Primi	Em. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
23	Egavalli	7758	29F	Primi	Em. LSCS	Long period of infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
24	Gunasundari	7768	23F	Primi	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
25	Selvi	7780	18F	$G_2 P_1 L_1$	Em. Rpt. LSCS ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil

26	Shyamala	7812	20F	Primi	Em. LSCS	Breech in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
27	Anitha	7823	19F	$G_3 P_1 L_1 A_1$	Em. Rpt. LSCS	Prev. LSCS with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
28	Parveen	7783	23F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
29	Selvi	7818	30F	Primi	Em. LSCS	Ap Ecclampsia	Nil	Nil	Nil	Nil	Nil	Nil	Nil
30	Selvi	7626	32F	$G_3 P_2 L_1$	El. Rpt. LSCS ST	Prev LSCS Mobile Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
31	Lakshmi	7625	22F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
32	Geetha	7664	28F	$G_2 P_1 L_1$	Em. Rpt. LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
33	Jamuna	7793	26F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
34	Lakshmi	7782	25F	Primi	Em. LSCS	CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
35	Geetha	7664	28F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
36	Jamuna	7793	26F	Primi	Em. LSCS	CPD in labor	Nil	+	+	Nil	Nil	E.coli	Cipro floxacin
37	Lakshmi	7782	25F	Primi	EM. LSCS	CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
38	Karpagam	7756	19F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
39	Selvi	7843	18F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS with Oilgo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
40	Sathya	7795	20F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
41	Vijarya	7443	21F	Primi	Em. LSCS	Breech in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
42	Mymoon	7837	23F	Primi	EM. LSCS	Primi with MSAF / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
43	Mahalakshmi	7628	22F	$G_2 P_1 L_1$	El. Rpt LSCS	Prev. LSCS mobile head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
44	Kalai	7371	24F	$G_2 P_1 L_1$	El. Rpt. LSCS	Perv. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
45	Jamuna	7763	26F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS UE in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
46	Latha	7786	26F	Primi	Em. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
47	Chandralakshmi	7906	22F	Primi	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
48	Sheerja	7893	22F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev LSCS with oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
49	Gayathri	7577	17F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
50	Jayanthi	7775	19F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS / CPD in labor	+	Nil	+	Nil	Nil	Staph aureus	Cipro floxacin
51	Mohana	7834	23F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
52	Parvathy	7916	19F	Primi	Em. LSCS	Brow Presentation	Nil	Nil	Nil	Nil	Nil	Nil	Nil
53	Arivazhagi	7920	18F	$G_2 P_1 L_1$	Em. LSCS with ST	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
54	Shenbagam	7927	19F	$G_2 P_1 L_1$	Em. LSCS with ST	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
55	Kasthuri	7839	22F	$G_2 P_1 L_1$	El. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

56	Shakila	7872	27F	$G_2 P_1 L_1$	Em. RPt LSCS ST	Prev. LSCS / PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
57	Uma	7813	21F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
58	Ramayee	7588	23F	$G_2 P_1 L_1$	El. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
59	Rahamath Begum	7953	22F	Primi	Em. LSCS	Short Primi CPD / PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
60	Vimala	7936	20F	$G_2 A_1$	Em. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
61	Kavitha	7786	28F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
62	Devi	7976	23F	$G_2 P_1 L_1$	Em. LSCS	Breech Oligo hydrammios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
63	Geetha	7933	20F	$G_2 A_1$	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
64	Sivagami	7957	24F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
65	Nalini	7838	19F	$G_2 P_1 L_1$	Em. LSCS with ST	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
66	Indhumathi	7983	23F	Primi	Em. LSCS	PIH CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
67	Malliga	7548	22F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev. LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
68	Usharani	7880	25F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
69	Kuppulaxmi	7499	26F	Primi	El. LSCS	CPD Residual Polio	Nil	Nil	Nil	Nil	Nil	Nil	Nil
70	Bagyalakshmi	7949	22F	Primi	Em. LSCS	Residual Polio CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
71	Nirmala	7553	19F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev LSCS Multiple gestation	Nil	Nil	Nil	Nil	Nil	Nil	Nil
72	Geetha	7889	21F	Primi	Em. LSCS	PIH withCPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
73	Manjula	7878	23F	Primi	Em. LSCS	Failure to Progress	+	Nil	+	Nil	Nil	Staph aureus	Cipro floxacin
74	Lakshmi	8021	24F	Primi	Em. LSCS	CPD MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
75	Nagammal	8010	17F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
76	Kavitha	8019	23F	$G_2 P_1 L_1$	Emg Rpt LSCS	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
77	Rajeswari	8008	18F	Primi	Emg LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
78	Sasikala	8002	18F	$G_2 P_1 L_1$	Emg. Rpt. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
79	Jothi	8029	21F	Primi	Emg LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
80	Sathyakala	8036	20F	$G_2 P_1 L_1$	Emg.Rpt. LSCS ST	Prev. LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
81	Sheela Devi	7852	17F	$G_2 P_1 L_1$	Elect. Rpt LSCS ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
82	Prema	7999	21F	Primi	Emg. LSCS	PIH / Thick MSAF FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
83	Vidya	8009	25F	$G_2 P_1 L_1$	Emg. RPT LSCS	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
84	Meenaktchi	8041	23F	$G_2 P_1 L_1$	Emg. LSCS	Prev LSCS in Labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
85	Vasanthi	7853	24F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

86	Latha	7972	24F	Primi	Emg. LSCS	CPD with Oligo	Nil	+	+	Nil	Nil	E.coli	Norfloxacin
87	Alamma	8022	18F	Primi	Emg. LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
88	Vadiu	7898	22F	G_2 P_1 L_1	Emg. Rpt. LSCS ST	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
89	Meenatchi	8041	23F	G_2 P_1 L_1	Emg. LSCS	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
90	Vasanthi	7853	24F	Primi	Emg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
91	Latha	7972	24F	Primi	Emg LSCS	CPD with Oligo H	Nil	Nil	Nil	Nil	Nil	Nil	Nil
92	Alamma	8022	18F	Primi	Emg. LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
93	Vadivu	7898	22F	G_2 P_1 L_1	Emg. Rpt. LSCS ST	Prev LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
94	Nalini	8028	24/F	Primi	Emg. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
95	Revathy	8052	20F	Primi	Emg LSCS	Post dated FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
96	Manjula	8053	22F	G_2 P_1 L_1	Emg. LSCS withST	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
97	Kalaivani	7946	24/F	Primi	Emg. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
98	Rajalakshmi	8044	24F	Primi	Emg. LSCS	faliure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
99	Sulthana	8042	23F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
100	Hemavathy	8003	24F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
101	Shanthy	7780	21F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
102	Rathi	8055	24F	G_2 P_1 L_0	Emg. LSCS	Prev. LSCS BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
103	Ezhilarasi	8069	24F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
104	Parveen	8079	20F	Primi	Emg. LSCS	PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
105	Amudhavalli	8082	17F	G_3 P_2 L_2	Emg. LSCS	CPD / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
106	Ahidha	8083	19F	Primi	Emg.LSCS	FD with Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
107	Nisha	7489	22F	Primi	Emg.LSCS	PP	Nil	Nil	Nil	Nil	Nil	Nil	Nil
108	Sundari	8050	24F	Primi	Emg. LSCS	Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
109	Lakshmi	8034	19F	G_3 P_1 L_1 A_1	Emg. LSCS	Failed ind PIH Rh(-ve)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
110	Ramajam	8112	18F	G_2 P_1 L_1	EmgRpt LSCS	prev. LSCS long pd of infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
111	Shakila	7950	18F	G_3 P_2 L_1	Elect. RPT LSCS	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
112	Mohabuh	8131	19F	Primi	Emg. LSCS	PIH/Breech / Post dated	Nil	Nil	Nil	Nil	Nil	Nil	Nil
113	Hemavathy	8143	21F	G_3 P_2 L_1	Emg. LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
114	Mumtaj Begum	8146	22F	G_2 P_1 L_1	Emg Rpt LSCS ST	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
115	Hemalatha	8170	19F	G_2 P_1 L_1	Emg. Rpt LSCS ST	Prev LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil

116	Soniya	8138	18F	Primi	Emg. LSCS	Oilgohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
117	Akila	8174	20F	Primi	Emg LSCS	Sev. Oligo/	Nil	Nil	Nil	Nil	Nil	Nil	Nil
118	Jeyamala	8152	17F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS/ CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
119	Anitha	8111	19F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
120	Punitha	8180	24F	Primi	Emerg. LSCS	PIH / MSAF/ FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
121	Rajeswari	6821	29F	Primi	Elect LSCS	Ovarian cyst comp. pregCPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
122	Priya Rosi	8133	27F	Primi	Emg LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
123	Praveena	8142	25F	$G_2 A_1$	Emg. LSCS	CPD in Labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
124	Indumathi	7623	22F	Primi	Emg. LSCS	PIH / imminent symptoms	Nil	Nil	Nil	Nil	Nil	Nil	Nil
125	Anjugam	8200	19F	$G_3 P_2 L_2$	Emg. Rpt. LSCS ST	Prev. 2 LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
126	Mala	8130	20F	Primi	Emg. LSCS	Breech	Nil	+	+	Nil	Nil	E.coli	Nor floxacin
127	Indira	8145	18F	$G_3 P_1 L_1 A_1$	Emg Rpt. LSCS ST	Pre. LSCS / CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
128	Fathima Beevi	8054	20F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
129	Bhuvaneswari	8213	21F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
130	Aadidevi	8105	26F	Primi	Emg. LSCS	FD failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
131	Vanitha	8240	19F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
132	Jameela	8241	21F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS UE Head in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
133	Shenbagavalli	7969	20F	Primi	Emg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
134	Haseena	7841	18F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev LSCS UEHead	Nil	Nil	Nil	Nil	Nil	Nil	Nil
135	Kumutha	8248	21F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
136	Tamilsevli	8158	21F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
137	Usha	7967	23F	$G_2 P_1 L_1$	Elect Rpt LSCS	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
138	Anitha	8267	25F	$G_2 P_1 L_1$	Elect Rpt LSCS	Prev LSCS Mobile head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
139	Datihayani	8266	20F	Primi	Emg LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
140	Satha	8234	23F	$G_3 P_1 L_1 A_1$	Emg. LSCS	Prev. LSCS Rh (-ve) CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
141	Vanmathy	8226	19F	Primi	Emg. LSCS	Severe Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
142	Swarnalatha	8275	24F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
143	Meena	8254	17F	$G_2 P_1 L_1$	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
144	Nirmala	8209	25F	Primi	Emg. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
145	Mythili	8289	24F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

146	Shanthi	7789	20F	Primi	Elect LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
147	Nithya	8270	39F	Primi	Emg. LSCS	CPD / PIH in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
148	Jerli	8216	20F	Primi	Emg. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
149	Uma	8188	22F	$G_2 P_1 L_1$	Emg. LSCS	Prev LSCS Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
150	Arputham	8217	21F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS	+	Nil	+	Nil	Nil	Staph aureus	Cipro floxacin
151	Mamther	8322	20F	Primi	Emg LSCS	CPD with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
152	Komala	8338	18F	$G_2 P_1 L_1$	Elect Rpt LSCS ST	Prev LSCS	+	+	-	-	-	Staph aureus	Cipro floxacin
153	Indhu	7481	22F	$G_2 P_1 L_1$	Elect. Rpt LSCS	Prev LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
154	Manjula	8228	19F	$G_2 P_1 L_1$	Elect Rpt. LSCS ST	Prev. LSCS with UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
155	Uma	8153	20F	$G_3 P_1 L_1 A_1$	Elect Rpt. LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
156	Saranya	8323	20F	Primi	Emg LSCS	PIH / Fetal dist / Severe Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
157	Radha	8336	23F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
158	Kamatchi	8288	18F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
159	Kalaivani	8347	24F	Primi	Emg. LSCS	Short Primi with CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
160	Vanitha	8163	22F	Primi	Emg. LSCS	FD MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
161	Valli	8380	26F	$G_2 P_1 L_1$	Emg Rpt LSCS	Prev LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
162	Lavanya	8360	20F	Primi	Emg. LSCS	MSAF / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
163	Srilakshmi	8354	18F	$G_2 P_1 L_1$	Emg. Rpt. LSCS ST	Prev LSCS / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
164	Shobona	8389	19F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
165	Kulanthaithrasa	8225	29F	$G_2 P_1 L_1$	Elect Rpt LSCS ST	Prev. LSCS CPD.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
166	Gangadevi	8384	22F	Primi	Emg LSCS	Failed induction	Nil	+	+	Nil	Nil	E.coli	Nor floxacin
167	Geetha	8162	20F	Primi	Emg LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
168	Melarvizhi	8397	16F	$G_3 P_1 L_1 A_1$	Emg LSCS	Breech in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
169	Sudha	8237	16F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS / Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
170	Rajeswari	8276	22F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
171	Gajalakshmi	8332	26F	Primi	Emg. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
172	Revathy	8425	22F	Primi	Emg. LSCS	Breech / PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
173	Sarala	8264	19F	Primi	Emg. LSCS	Fetal alarm signs	Nil	Nil	Nil	Nil	Nil	Nil	Nil
174	Rupha	8387	20F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
175	Salomi	8433	18F	Primi	Emg. LSCS	Severe PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil

16	Manjula	8434	22F	$G_4 P_1 L_1 A_2$	Emg. Rpt LSCS	Prev. LSCS / Sev PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
17	Dillibai	8361	25F	Primi	Emg. LSCS	Failed induction (FI)	Nil	+	Nil	Nil	Nil	E.coli	Nor floxacin
18	Mahalakshmi	8331	20F	Primi	Emg. LSCS	FI	+	Nil	+	Nil	Nil	Staph aureus	Cipro floxacin
19	Anitha	8442	22F	$G_2 P_1 L_1$	Emg. Rpt LSCS	Prev. LSCS in labour / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
20	Vanitha	7988	19F	$G_2 P_1 L_1$	Elect Rpt LSCS	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
21	Elizabeth	8419	20F	Primi	Emg LSCS	CPD / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
22	Ramila	8393	19F	$G_2 P_1 L_1$	Emg LSCS with ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
23	Jayasudha	8461	26F	Primi	Emg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
24	Sarala	8432	21F	Primi	Emg LSCS	Short Primi / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
25	Dhanalakshmi	8466	23F	Primi	Emg LSCS	Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
26	Vani	8467	24F	$G_2 P_1 L_1$	Emg LSCS with ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
27	Pooja	8472	20F	Primi	Emg. LSCS	FD with thick MSAF	+	Nil	Nil	Nil	Nil	Staph aureus	Cloxacillin
28	Maheswari	8417	25F	Primi	Emg. LSCS	FI	Nil	Nil	Nil	Nil	Nil	Nil	Nil
29	Neela	8480	24F	Primi	Emg. LSCS	Thick MSAF FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
30	Uma Maheswari	8358	19F	$G_2 A_1$	Emg. LSCS	FI	Nil	Nil	Nil	Nil	Nil	Nil	Nil
31	Selva Ranjani	8468	25F	Primi	Emg. LSCS	IUGR / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
32	Datchayini	8482	23F	$G_2 P_1 L_1$	Eng Rpt LSCS ST	Prev LSCS CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
33	Seraj Nisha	8463	21F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Hydramnios CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
34	Fathima parveen	8507	22F	$G_2 A_1$	Emg. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
35	Devi	8006	18F	Primi	Emg. LSCS	Breech footling	Nil	Nil	Nil	Nil	Nil	Nil	Nil
36	Megala	8498	17F	Primi	Emg. LSCS	Long Pd of inf / MSAF/FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
37	Fathima	8474	20F	$G_2 P_1 L_1$	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
38	Murugeswari	8509	19F	Primi	Emg. LSCS	MSAFFetal alarm signs	Nil	Nil	Nil	Nil	Nil	Nil	Nil
39	Chitra	8500	18F	Primi	Emg. LSCS	FI	Nil	Nil	Nil	Nil	Nil	Nil	Nil
40	Lakshmi	8512	22F	Primi	Emg. LSCS	OligoHydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
41	Pavitha	8518	18F	$G_2 P_1 L_1$	Emg LSCS with ST	Prev LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
42	Chithu	8479	24F	Primi	Emg LSCS	CPD/Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
43	Sornam	8562	22F	$G_2 P_1 L_1$	Emg LSCS	Prev. LSCS post datism	Nil	Nil	Nil	Nil	Nil	Nil	Nil
44	Parveen	8541	16F	$G_2 P_1 L_1$	Emg LSCS	Prev. LSCS CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
45	Karumari	8526	19F	Primi	Emg LSCS	Oligo with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

206	Maheswari	8563	18F	$G_2 P_1 L_1$	Emg. LSCS with ST	Prev LscsUE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
207	Shanthi	8547	21F	Primi	Emg LSCS	Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
208	Kelira	8538	19F	$G_3 P_2 L_2$	Emg. Rpt LSCS ST	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
209	Sairaja	8584	18F	Primi	Emg. LSCS	Long pd of infertility	Nil	+	+	Nil	Nil	E.coli	Nor floxacin
210	Udayamary	8594	20F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
211	Veni	8601	23F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
212	Banu	8273	23F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCs with UEHead	Nil	Nil	Nil	Nil	Nil	Nil	Nil
213	Vasanthi	8581	25F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
214	Mariammal	8409	37F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
215	Vimala	8554	24F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS / CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
216	Kalpana	8551	22F	$G_2 A_1$	Emg. LSCS	Residual Polio CPD in Labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
217	Sulochana	8621	20F	$G_2 P_1 L_1$	Emg Rpt LSCS	Prev LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
218	Selvi	8624	22F	Primi	Emg. LSCS	Short Primi with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
219	Chitra	8390	22F	Primi	Emg. LSCS	Short Primi with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
220	Indira	8623	22F	Primi	Emg. LSCS	Oligo with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
221	Suganthi	8637	19F	$G_2 P_1 L_1$	Emg.Rpt LSCS ST	Prev. LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
222	Gomathy	8634	26F	Primi	Emg. LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
223	Vijayakumari	8643	25F	$G_2 P_1 L_1$	Emg LSCS	Prev. LSCS / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
224	Harini	8648	22F	$G_2 P_1 L_1$	Emg Rpt LSCS	Prev LSCS / CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
225	Subha Priya	8558	21F	$G_2 P_1 L_1$	ElectRpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
226	Devi	7845	23F	$G_2 P_1 L_1$	Emg LSCS	Type III PP / Bleeding PV	Nil	Nil	Nil	Nil	Nil	Nil	Nil
227	Susila	8412	28F	$G_2 P_1 L_1$	Elect Rpt. LSCS	Prev. LSCS / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
228	Malliga	8337	22F	$G_2 P_1 L_1$	Elect Rpt LSCS ST	Prev. LSCS/CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
229	Swarna	8655	24F	$G_2 P_1 L_1$	Emg Rpt LSCS	Prev. LSCS / CPD in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
230	Vijaya	8678	24F	G2 P1 L1	Emg Rpt LSCS ST	Prev LSCS in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
231	Bhavani	8638	22F	Primi	Emg LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
232	Kikilavani	8652	24F	Primi	Emg LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
233	Kanaga	8566	20F	$G_2 P_1 L_0$	Emg LSCS	BOH with Oblique lie	Nil	Nil	Nil	Nil	Nil	Nil	Nil
234	Jothi	8657	20F	Primi	Emg LSCS	CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
235	Sundari	8877	26F	$G_2 P_1 L_1$	Emg. LSCS with ST	Prev LSCS/ CPD in Labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil

236	Lakshmi	8536	19F	Primi	Emg LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
237	Anitha	8681	19F	$G_2 P_1 L_1$	Emgrpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
238	Revathy	8527	26F	Primi	Emg LSCS	B/L residnal Polio / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
239	Haseena Banu	8692	19F	$G_3 P_2 L_1$	Emg. Rpt. LSCS ST	Prev. 2 LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
240	Rajeswari	8694	18F	Primi	Emg. LSCS	CPD / PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
241	Thamaraikani	8676	17F	$G_2 P_1 L_1$	Emg. LSCS with ST	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
242	Malliga	8396	19F	$G_2 P_1 L_0$	Emg. LSCS	Prev. LSCS/ CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
243	Usina Begum	8648	17F	$G_3 P_2 L_2$	Emg. LSCS with ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
244	Adhilakshmi	8674	19F	Primi	Emg. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
245	Sulochana	8680	16F	$G_5 P_4 L_2$	Emg Rpt LSCS ST	PIH / Prev LSCS in labour	+	Nil	+	Nil	Nil	Staph aureus	Cipro floxacin
246	Salomi	8702	23F	Primi	Emg LSCS	MSAF / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
247	Shanthi	8609	20F	$G_2 P_1 L_1$	Em LSCS with ST	Prev LSCS / CPD	Nil	+	Nil	Nil	Nil	Klebsiella	Cipro floxacin
248	Renuka	8597	22F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev. LSCS/ CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
249	Diesheth	8666	28F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev LSCS / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
250	Maheswari	8710	18F	Primi	Emg LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
251	Chakkammal	4991	19F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
252	Rajeswari	5020	18F	$G_2 A_1$	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
253	Fathima Banu	5008	23F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
254	Prema	4766	25F	$G_2 P_1 L_1$	Elect Rpt LSCS	Prev. LSCS	Nil	+	Nil	Nil	Nil	Nil	T.Chloroquine
255	Lakshmi	4064	19F	$G_5 P_2 L_1 A_2$	Elec LSCS	BOH, GDM	Nil	Nil	Nil	Nil	Nil	Nil	Nil
256	Devi	4703	21F	$G_3 P_1 L_1 A_1$	Elec. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
257	Rekha	5024	18	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
258	Manimala	5017	21F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
259	Thavamani	4928	18F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
260	Lakshmi	4950	25F	Primi	Emer. LSCS	Long pd infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
261	Sumathi	5036	26F	Primi	Emer. LSCS	Post dated PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
262	Navarathinam	5026	26F	Primi	Emer. LSCS	Oliogohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
263	Sebastin Mary	4979	29F	$G_2 P_1 L_1$	Emer Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
264	Sivakumari	5049	23F	Primi	Emer LSCS	Short Stature	Nil	Nil	Nil	Nil	Nil	Nil	Nil
265	Varalakshmi	5064	31F	$G_3 P_2 L_2$	Emer LSCS ST	Prev. LSCS	Nil	+	Nil	Nil	Nil	Nil	T.Chloroquine

26		506						Ni					
6	Beeny	6	28F	Primi	Emer LSCS	Fetal Distress oligo	Nil	l	Nil	Nil	Nil	Nil	Nil
26		507						Ni					
7	Hemalatha	1	22F	G_2 P_1 L_1	Emer LSCS	Severe Oligo	Nil	l	Nil	Nil	Nil	Nil	Nil
26		507						Ni					
8	Thenmozhi	5	29F	Primi	Emer. LSCS	Breech	Nil	l	Nil	Nil	Nil	Nil	Nil
26		507						Ni					
9	Kamarunizha	6	27F	G_2 P_1 L_1	Emer. Rpt LSCS	PrevLscs	Nil	l	Nil	Nil	Nil	Nil	Nil
27		499						Ni					
0	Sumathi	5	19F	Primi	Emer. LSCS	Failed induction	Nil	l	Nil	Nil	Nil	Nil	Nil
27		508						Ni					
1	Abeera	4	21F	Primi	Emer LSCS	CPD	Nil	l	Nil	Nil	Nil	Nil	Nil
27		509						Ni					
2	Jyothilakshmi	3	21F	Primi	Emer LSCS	PIH / CPD	Nil	l	Nil	Nil	Nil	Nil	Nil
27		467		G_2 P_1 L_1	Emer Rpt LSCS			Ni					
3	Sheela	8	18F		ST	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
27		506		G_2 P_1 L_1	Emer Rpt LSCS			Ni				Staph	
4	Sasikala	9	25F		ST	Prev. LSCS	+	l	+	Nil	Nil	aureus	Cloxacillin
27		504		G_2 P_1 L_1									Nor
5	Zeenath Banu	8	26F		Emer Rpt LSCS	Prev. LSCS PI H	Nil	+	Nil	Nil	Nil	E.coli	floxacin
28		509		G_2 P_1 L_1				Ni					
0	Shanthi	0	29F		Emeg. Rpt LSCS	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
28		510		G_2 P_1 L_1				Ni					
1	Panjali	8	22F		Emeg. LSCS	Obstructed labour	Nil	l	Nil	Nil	Nil	Nil	Nil
28		512						Ni					
2	Amsaveni	3	28F	Primi	Emer LSCS	Fail to progress	Nil	l	Nil	Nil	Nil	Nil	Nil
28		511						Ni					
3	Pushpadevi	3	21F	G_2 A_1	Emer LSCS	Oligo hydram	Nil	l	Nil	Nil	Nil	Nil	Nil
28		509			Emer Rpt LSCS			Ni					
4	Katamma	6	22F	G_2 P_1 L_1	ST	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
28		513						Ni					
5	Vanitha	6	21F	Primi	Emer. LSCS	Tranverse Lie	Nil	l	Nil	Nil	Nil	Nil	Nil
28		477						Ni					
6	Shameem	0	21F	Primi	Emer LSCS	PIH / Twins	Nil	l	Nil	Nil	Nil	Nil	Nil
28		510						Ni					
7	Gajalakshmi	7	26F	G_2 P_1 L_1	Emer. LSCS.	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
28		514						Ni					
8	Prema	2	23F	Primi	Eme. LSCS	Fetal distress	Nil	l	Nil	Nil	Nil	Nil	Nil
28		496						Ni					
9	Prema	3	22F	Primi	Emer LSCS	Fetal distress	Nil	l	Nil	Nil	Nil	Nil	Nil
29	Dheenalaksh	514						Ni					
0	mi	7	25F	G_4 P_3 L_2	Emer LSCS	Tr. Lie	Nil	l	Nil	Nil	Nil	Nil	Nil
29		514						Ni					
1	Jamuna	4	20F	Primi	Emer. LSCS	MSAF	Nil	l	Nil	Nil	Nil	Nil	Nil
29		515						Ni					
2	Eswari	0	21F	G_2 P_1 L_1	Em. LSCS	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
29	Mohana	515						Ni					
3	Sundari	4	21F	Primi	Emer LSCS	MSAF / FD	Nil	l	Nil	Nil	Nil	Nil	Nil
29		515			Emer RPT LSCS			Ni					
4	Valliammal	5	28F	G_3 P_2 L_2	ST	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
29		513						Ni					
5	Mala	4	22F	Primi	Emer LSCS	FD	Nil	l	Nil	Nil	Nil	Nil	Nil
29		511						Ni					
6	Gayathri	0	29F	G_2 P_1 L_1	EmerRpt. LSCS	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
29		477			EmerRpt. LSCS			Ni					
7	Muthulakshmi	2	27F	G_3 P_2 L_1	ST	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
29		507			Emer Rpt. LSCS			Ni					
8	Sarala	4	24F	G_2 P_1 L_1	ST	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil
29		518		G_3 P_1 L_1				Ni					
9	Manjula	7	22F	A_1	Emer. LSCS	Prev. LSCS	Nil	l	Nil	Nil	Nil	Nil	Nil

300	Sasikala	5160	21F	Primi	Emer. LSCS	PIH / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
301	Geetha	5189	20F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
302	Manjula	5129	18F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
303	Kaveri	5204	17F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
304	Yogi	5207	21F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
305	Krishnakumari	4946	21F	$G_4 P_2 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
306	Mariamma	5228	19F	$G_3 P_2 L_2$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
307	Kumari	5232	19F	Primi	Emer. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
308	Swapna Estha	5184	18F	Primi	Emer. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
309	Thangam	5218	18F	$G_3 P_1 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
310	Fathima Yasmin	5164	18F	Primi	Emer. LSCS	Oigohy. dramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
311	Thangam	5218	18F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
312	Jayanthi	3849	19F	Primi	Emer LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
313	Saradha	5171	22F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
314	Tamilarasi	5269	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
315	Curlin Gracy	3842	25F	Primi	Emer. LSCS	Primi / Twin /FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
316	Valliammal	5170	24F	$G_2 P_1 L_1$	Emer Rpt. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
317	Poomathi	5279	21F	Primi	Emer. LSCS	PIH / Gr II Abruptio	Nil	+	Nil	Nil	Nil	Nil	Nil
318	Vijayalakshmi	5267	18F	$G_2 A_1$	Emer. LSCS	BOH, IUGR Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
319	Tara	5268	18F	$G_4 P_2 L_0 A_1$	Emer. LSCS	BOH, POstdated	Nil	Nil	Nil	Nil	Nil	Nil	Nil
320	Mythili	5292	22F	Primi	Emer. LSCS	failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
321	Deepa	5285	23F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
322	Dhanalakshmi	5298	21F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
323	Gaythri	5252	20F	Primi	Emer.LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
324	Anitha	5306	21F	Primi	Emer.LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
325	Abisunsha	5304	21F	$G_2 P_1 L_1$	Emer. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
326	Ragina	5220	19F	$G_5 P_1 L_1 A_3$	Emer. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
327	Chitra	5312	21F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
328	Radha	5331	23F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
329	Sujatha	4084	23F	$G_3 P_2 L_2$	Emer. LSCS ST	Foetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil

331	Shobana	5391	19F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
332	Akila	5317	25F	Primi	Emer. LSCS	PIH / Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
333	Ellata	5353	23F	Primi	Emer. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
334	Jeya	5262	26F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
335	Jeeva	5346	18F	$G_2 P_1 L_1$	Emer. LSCS	Oliog Hydra	Nil	Nil	Nil	Nil	Nil	Nil	Nil
336	Subbulakshmi	5299	20F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
337	Kalayarasi	5273	17F	$G_2 P_1 L_1$	Elec RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
338	Rajakumari	4680	18F	$G_2 P_1 L_1$	Elec RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
339	Abeeba	4868	21F	$G_2 P_1 L_1$	Elec RPT LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
340	Noori	5225	25F	Primi	Elective LSCS	Long PD OFInfertity	Nil	Nil	Nil	Nil	Nil	Nil	Nil
341	Selvamary	5358	23F	Primi	Elec. LSCS	Primi Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
342	Punitha	4238	23F	$G_2 P_1 L_1$	Emer. LSCS	Oligo with CPD	+	Nil	Nil	Nil	Staph aureus	Cipro floxacin	
343	Lakshmi	5221	23F	$G_2 P_1 L_1$	Emer. LSCS	PIH failed induction	Nil	Nil	Nil	Nil	Nil	Nil	
344	Paramaeswari	5264	21F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	
345	Sandya	5216	20F	$G_3 A_2$	Emer. LSCS	BOH	Nil	Nil	Nil	Nil	Nil	Nil	
346	Bhavani	5366	25F	$G_2 P_1 L_1$	Emer.Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	
347	Ramaprabhu	5376	19F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	
348	Usha	5382	22F	Primi	Emer. LSCS	PIH/CPD / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	
349	Kalyani	5391	20F	Primi	Emer. LSCS	PIH/CPD / FD	Nil	Nil	Nil	Nil	Nil	Nil	
350	Bommi	5387	18F	$G_2 P_1 L_1$	Emer.Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	
351	Jayammal	5230	23F	Primi	Emer. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	
352	Parvathi	5388	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	
353	Kavitha	5394	20F	$G_2 P_1 L_1$	Emer Rpt LSCS	Pre Lscs	Nil	Nil	Nil	Nil	Nil	Nil	
354	Sujatha	5765	23F	$G_2 P_1 L_1$	Emer. LSCS	Occ. Post / FD	Nil	Nil	Nil	Nil	Nil	Nil	
355	Ayesha	5386	23F	$G_2 P_1 L_1$	Emer. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	
356	Ayesha	5328	22F	Primi	Emer. LSCS	Failed induction.	Nil	+	Nil	Nil	E.coli	Nor floxacin	
357	Mohana	5406	22F	$G_2 P_1 L_1$	Emer. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	
358	Thavasundari	5402	23F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	
359	Kavitha	5410	19F	$G_2 P_1 L_1$	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	
360	Aysha Parveen	4958	26F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	

361	Mariamma	5414	19F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
362	Suseela	5265	21F	Primi	Emer. LSCS	PROM / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
363	Poomagal	5418	21F	Primi	Emer. LSCS	Breech / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
364	Thenmozhi	5390	19F	$G_4 P_1 L_1A_2$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
365	Umamaheswari	5383	19F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
366	Nagammal	5433	24F	$G_3 P_2 L_2$	Emer. LSCS	FD/Obstru. Labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
367	Sujatha	5275	25F	$G_2 P_1 L_1$	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
368	Dhanalakshmi	5430	19F	Primi	Emer. LSCS	CPD IInd	Nil	Nil	Nil	Nil	Nil	Nil	Nil
369	Anu	5397	19F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS / Oligo	Nil	Nil	+	Nil	Nil	E.coli	Norfloxacin
370	Poonkodi	5435	21F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
371	Bhuvaneswari	5440	23F	$G_3 P_1 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
372	Amsa	5283	20F	$G_2 P_1 L_1$	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
373	Alina	5413	16F	Primi	Emer. LSCS	PIH / Primi / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
374	Alamelu	5453	23F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
375	Saraswarthi	5310	18F	G2 P1 L1	Emer. LSCS	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
376	Durga Bbhavani	5289	18F	$G_3 P_1 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
377	Sharmi	5471	21F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
378	Asha	5468	21F	Primi	Emer. LSCS	Oliogohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
379	Kavitha	5436	21F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
380	Vijaya	5423	19F	$G_3 P_2 L_1$	Emer. LSCS	Fetal DISTRESS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
381	Reena	5439	19F	$G_3 P_1 L_0 A_1$	Emer. LSCS	BOH with PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
382	Maragathavalli	5511	21F	$G_2 P_1 L_1$	Emer. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
383	Vijaya	5518	21F	Primi	Emer. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
384	Kalai Sundari	5515	22F	$G_3 P_2 L_2$	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
385	Selvi	5517	21F	$G_3 P_2 L_2$	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
386	Thenmozhi	5529	23F	$G_2 P_1 L_0$	Emer. LSCS	BOH/ Polio	Nil	Nil	+	Nil	Nil	Klebsiella	Ciprofloxacin
387	Kokila	5536	25F	$G_3 P_2 L_2$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
388	Koteswari	5472	19F	Primi	Emer. LSCS	Brow.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
390	Kowsalya	5254	24F	$G_2 P_1 L_1$	Elective LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
391	Mangayar Karasi	5322	18F	$G_4 P_3 L_2$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

392	Anusuga	5260	23F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
393	Pushparani	5543	19F	G_2 A_1	Emer.LSCS	PIH /CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
394	Devi	5231	20F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
395	Sudha	5558	25F	Primi	Emer. LSCS	PIH with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
396	Varatha	5471	20F	G_2 P_1 L_1	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
397	Vasantha	5554	21F	G_2 P_1 L_1	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
398	Durgadevi	5807	23F	Primi	Emer. LSCS	Failedlinduction	Nil	+	Nil	Nil	Nil	E.coli	Norfloxacin
399	Radha	5226	20F	G_2 P_1 L_1	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
400	Subhashni	5567	23F	G_3 P_1 L_0 A_1	Emer. LSCS	BOH with PIH cpd	Nil	Nil	Nil	Nil	Nil	Nil	Nil
401	Anandhavalli	5313	18F	G_2 P_1 L_1	Emer Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
402	Shanmugapriya	5584	19F	G_2 P_1 L_1	Emer Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
403	Prema	5532	22F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
404	Shala	5555	21F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
405	Jayanthi	5250	21F	G_2 P_1 L_1	Elective Rpt Lscs st	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
406	Shoba	5662	19F	G_2 P_1 L_1	EM Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
407	Lakshmi	5587	27F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
408	Vasantha	5619	19F	G_2 A_1	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
409	Velvizhi	5588	23F	Primi	Emer. LSCS	Foetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
410	Sumithra	5629	21F	G_3 P_1 L_1 A_1	Emer. LSCS	Type II Posterior PP	Nil	Nil	Nil	Nil	Nil	Nil	Nil
411	Kirubha Jagatha	5634	21F	Primi	Emer. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
412	Bhakaiga Lakshmi	5582	29F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
413	Nalini	5593	25F	G_2 P_1 L_1	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
414	Usha	5474	23F	G_2 P_1 L_1	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
415	Padmavathi	5975	24F	Primi	Emer. LSCS	Long Pd of Infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
420	Pusphalatha	5652	21F	G_2 A_1	Emer. LSCS	CPD	Nil	Nil	+	Nil	Nil	Nil	Nil
421	Pusha	5663	21F	Primi	Emer. LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
422	Devi	5580	18F	G_4 P_3 L_1 A_0	Emer. LSCS	BOH with Trans lie	Nil	Nil	Nil	Nil	Nil	Nil	Nil
423	Shahina	5601	20F	Primi	Emer. LSCS	Failed induction With FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
424	Selvi	5606	21F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
425	Sherin Banu	5598	18F	G_4 P_1 L_1 A_2	Emer. LSCS	PIH / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

426	Venkatamma	5665	21	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
427	Usharani	5608	19F	Primi	Emer. LSCS	FailureTo Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
428	Saraswathi	5668	18F	$G_3 P_2 L_2$	Emer. LSCS ST	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
429	Velammal	5650	28F	$G_2 P_1 L_0$	Emer. LSCS	PHI/failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
430	Kavitha	5596	18F	$G_2 P_1 L_1$	Emer. LSCS ST	PHI/failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
431	Yarodha	4898	35F	Primi	Elective LSCS	Twin	Nil	Nil	Nil	Nil	Nil	Nil	Nil
432	Rishwana Banu	5288	25F	$G_2 P_1 L_1$	ElectiveRpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
433	Chinnapoonu	5639	23F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
434	Indra	5674	22F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
435	Puspha	5671	21F	Primi	Emer. LSCS	CPD/ Rh – ve	Nil	Nil	Nil	Nil	Nil	Nil	Nil
436	Vanitha	5707	19F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
437	Sujuna	5678	26F	Primi	Emer. LSCS	FD	Nil	Nil	+	Nil	Nil	Nil	Nil
438	Amudha	5023	25F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
439	Malleswari	5002	26F	$G_2 P_1 L_1$	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
440	Jayalakshmi	5679	18F	$G_2 A_1$	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
441	Sumathi	5677	21F	G2 A1	Emer. LSCS	PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
442	Porkodi	5699	21F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
443	Rekha	5691	18F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
444	Vidya	5700	22F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
445	Parwathi	5041	28F	$G_3 P_1 L_1 A_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
446	Vigneswari	5720	22F	$G_2 P_1 L_1$	Emer. LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
447	Ramani	5731	22F	$G_2 P_1 L_1$	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
448	Umadevi	5693	20F	$G_3 P_2 L_1$	Elective Rpt LSCS ST	Prev. 2 LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
449	Indirani	5404	20F	$G_2 P_1 L_1$	Elective Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
450	Sulochana	5365	18F	$G_2 P_1 L_1$	Elective Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
451	Parvathi	5455	23F	$G_2 P_1 L_1$	Elective Rpt LSCS ST	Prev. LSCS Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
452	Uma	5465	26F	$G_2 P_1 L_1$	Elective Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
453	Mercy	5739	22F	Primi	Emer LSCS	CPD / MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
454	Jamuna	5745	19F	Primi	Emer. LSCS	AP ecclampria	Nil	Nil	Nil	Nil	Nil	Nil	Nil
455	Maheswari	5626	19F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

456	Jerina Begum	5708	21F	Primi	Emer. LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
457	Anitha	5715	25F	Primi	Emer. LSCS	Foetal distress.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
458	Fathima	5261	18F	Primi	Emer. LSCS	Sort Primi CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
459	Dhivya	5757	21F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	+	Nil	Nil	E.coli	Nor floxacin
460	Shekila	5743	18F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
461	Jyothi	5764	21F	Primi	Emer. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
462	Sasikala	5719	18F	Primi	Emer. LSCS	PHI / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
463	Shakila Banu	5766	21F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
464	Anitha	5476	19F	$G_2 P_1 L_1$	Emer Rpt. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
465	Lakshmi	5774	20F	Primi	Emer. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
466	Muniammal	5789	21F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
467	Dhanalakshmi	5787	22F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
468	Manimegalai	5504	23F	$G_2 A_1$	Emer. LSCS	Foetal alarm Sign	Nil	Nil	Nil	Nil	Nil	Nil	Nil
469	Bhuvaneswari	8785	21F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
470	Revathi	5809	20F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
471	Chitra	5599	20F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
472	Kanchana Devi	5816	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
473	Shakila	5783	19F	$G_3 P_1 L_1 A_1$	EmerRpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
474	Esther Deeamani	5808	32F	$G_2 A_1$	Emer. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
475	Nazreen Begum	5756	24F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
476	Muniammal	5853	32F	$G_2 P_1 L_1$	EmerRpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
477	Chitra	5755	19F	Primi	Emer. LSCS	Failure to prog.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
478	Dilshath Begam	5705	23F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS, Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
479	Salsa	5326	22F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
480	Rajalakshmi	5851	21F	Primi	Emer. LSCS	PIH / Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
481	Ammu	5810	23F	Primi	Emer. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
482	Hareena banu	5103	20F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
483	Amala	5855	24F	$G_2 P_1 L_1$	Emer. LSCS	Breech/ Footling	Nil	Nil	Nil	Nil	Nil	Nil	Nil
484	Ajisa	5895	23F	$G_2 P_1 L_1$	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
485	Kamatchi	5822	26F	$G_2 P_1 L_1$	Emer Rpt. LSCS st	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

486	Sridevi	5923	24F	Primi	Emer. LSCS	Severe Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
487	Rajathi	5902	20F	Primi	Emer. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
488	Kavitha	5842	19F	Primi	Emer. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
489	Padmavathi	5786	22F	$G_2 P_2 L_1$	Emer.Rpt LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
490	Dillibai	5897	20F	$G_2 P_1 L_1$	Emer.Rpt LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
491	Kalaiyarasi	5892	20F	$G_3 P_1 L_1$ A_1	Emer. LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
492	Padma	3670	21F	$G_2 P_1 L_0$	Elective LSCS	BOH/ PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
493	Ezhilarasi	5896	21F	Primi	Emer. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
494	Nazeema Begum	5916	19F	Primi	Emer. LSCS	PIH / Fail Induc.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
495	Latha	5829	18F	$G_2 P_1 L_1$	Emer. LSCS ST	Cicatrised Cx	Nil	Nil	Nil	Nil	Nil	Nil	Nil
496	Sharmila	5672	23F	Primi	Emer. LSCS	Breech / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
497	Rekha	5933	22F	$G_3 P_2 L_1$	Emer. LSCS	Prev. LSCS / Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
498	Tamilselvi	5934	24F	Primi	Emer. LSCS	Severe PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
499	Bhavani	5941	22F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
500	Veeralakshmi	5552	24F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

MASTER CHART
GROUP - II

Sl No	Name	IP No.	Age	Parity	Type of Surgery	Indication	Wound Infection	UTI	Fever	Adverse Reactions	Abnormal Vaginal Discharge	Organisms Cultured	Other Antibiotic Used
1	Ezhilarasi	18970	19F	$G_2 P_1 L_1$	Em Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
2	Arputham	6	26F	$G_2 P_1 L_1$	Em. LSCS	CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
3	Selvi	18951	27F	$G_3 P_2 L_2$	Em. Rpt LSCS ST	Face Presentation	Nil	Nil	Nil	Nil	Nil	Nil	Nil
4	Vijaya	18935	22F	Primi	Em. LSCS	Mild PIH with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
5	Parimala	33	20F	$G_2 P_1 L_1$	Em. LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
6	Nadhiya	13	28F	Primi	EM LSCS	Failure to Progress	Nil	+	+	Nil	Nil	E.coli	Norfloxaci
7	Kannammmal	30	24F	$G_2 P_1 L_1$	Emerg Rpt LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
8	Sangeetha	18938	23F	$G_2 P_1 L_1$	Em Rpt LSCS ST	Prev LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
9	Saritha	47	17F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev LSCS mild PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
10	Prasannakumari	18954	20F	$G_4 P_2 L_1 A_1$	Em. Rpt LSCS	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
11	Prema	18945	19F	$G_2 P_1 L_1$	EM LSCS ST	PP ty I with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
12	Renugadevi	16	26F	Primi	Em. LSCS	PIH & FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
13	Kala	44	19F	Primi	Em. LSCS	Failed induction	+	Nil	+	Nil	Nil	Staph Aureus	Ciproflo cin
14	Jeenath Begum	63	20F	Primi	Em. LSCS	Oligo Hydramnios with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
15	Kamatchi	10	30F	$G_4 P_1 L_1 A_2$	El. Rpt LSCS ST	Prev LSCS with PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
16	Kamalamma	39	29F	$G_2 P_1 L_1$	Em LSCS ST	Thick M SAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
17	Ragini	80	24F	$G_2 P_1 L_1$	Em. LSCS	Thick MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
18	Gayathri	50	23F	$G_2 P_1 L_1$	EM.RPT LSCS	Prev LSCS	+	+	+	Nil	Nil	E.coli	Norfloxa n
19	Priya	81	21F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
20	Prema	79	21F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
21	Vijayashanthi	85	19F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
22	Devi	76	19F	Primi	Em. LSCS	long period of infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
23	Vijaya	18949	19F	$G_2 A_1$	Em. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil

24	Ramya	100	17F	$G_2 P_1 L_1$	Em. Rpt LSCS	LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
25	Janaki	83	18F	Primi	Em LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
26	Umamaheswari	1895 9	22F	Primi	Em. LSCS	Postdatism failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
27	Vani	1767 2	21F	$G_2 P_1 L_1$	Em. LSCS	Prev LSCS Breech	+	Nil	+	Nil	Nil	Staph Aureus	Ciproflo cin
28	Vanitha	82	16F	$G_2 P_1 L_1$	EM LSCS	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
29	Sahana Banu	65	21F	$G_3 P_1 L_1$ A_1	Em LSCS ST	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
30	Divya	69	21F	Primi	Em. LSCS	PIH failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
31	Thenmozhi	54	18F	Primi	EM LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
32	Umamaheswari	114	19F	Primi	EM. LSCS	PIH CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
33	Vijayalakshmi	93	21F	Primi	Em. LSCS	PIH CPD	Nil	+	Nil	Nil	Nil	E.coli	Nor floxaci
34	Deisy	52	20F	$G_2 P_1 L_1$	El. Rpt LSCS	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
35	Vimala	1871 9	20F	$G_3 P_2 L_2$	EL. Rpt LSCS ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
36	Malarwizhi	120	22F	$G_3 P_2 L_2$	Em. LSCS ST	Prev LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
37	Selvi	137	22F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
38	Sorjadevi	116	15F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
39	Vidiya	107	22F	Primi	Em. LSCS	Post dated CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
40	Saraswathy	95	19F	Primi	Em. LSCS	Failed ind.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
41	Sakila	56	18F	$G_2 P_1 L_1$	Em. LSCS ST	Prev. LSLS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
42	Nagalakshmi	124	22F	Primi	Em. LSCS	PIH with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
43	Grace Arul Mari	129	22F	Primi	Em. LSCS	Oligo Hydramnios	Nil	Nil	+	Nil	Nil	Nil	Chloroq ne
44	Mariammal	140	16F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
45	Kalaiarasi	142	20F	Primi	Em. LSCS	PIH with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
46	Nirmala	161	25F	$G_2 P_1 L_1$	Em. RPT LSCS	Prev LSCS	+	Nil	Nil	Nil	Nil	Staph Aureus	Ciproflo cin
47	Lalithadevi	163	23F	Prev LSCS	Em. Rpt LSCS	PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
48	Jayanthi	165	24F	$G_2 P_1 L_1$	Em. PRT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
49	Pappa	166	22F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
50	Senthoorkani	1885 9	22F	$G_2 P_1 L_1$	Em. LSCS ST	Prolapse ut fail ind.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
51	Radhika	1877 4	26F	Primi	Em. LSCS	Failed Ind.	+	Nil	Nil	Nil	Nil	Staph Aureus	Cloxacil
52	Sangeetha	187	20F	Primi	Em-LSCS	PIH with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

53	Jayalakshmi	134	20F	G_2 P_1 L_1	Em. LSCS	Failed Ind.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
54	Jeyaselvi	196	20F	Primi	Em. LSCS	Thick MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
55	Jaithunbee	190	20F	Primi	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
56	Dhanalakshmi	133	18F	G_2 P_1 L_1	Em. LSCS ST	Failed ind.	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
57	Aubarasi	195	24F	G_2 P_1 L_1	Em. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
58	Bommi	1843 5	20F	Primi	Emergy LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
59	Devi	146	23F	Primi	Emergy LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
60	Lalitha	144	26F	Primi	Emergy LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
61	Renuka	202	24F	G_3 P_1 L_1 A_1	EmRpt. LSCS St	Prev 2 LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
62	Hemavathy	211	19F	G_2 P_1 L_1	Emer Rpt. LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
63	Devi	218	20F	Primi	Emerg LSCS	FD	Nil	+	Nil	Nil	Nil	E.coli	Nor floxaci
64	Ramani	154	21F	Primi	Emerg LSCS	FD	Nil	Nil	+	Nil	Nil	Nil	Cefotax e
65	Devi	1843 3	22F	G_2 P_1 L_1	Elect. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
66	Sheynbanu	171	22F	Primi	Eme. LSCS	PIH with failure to Prog	Nil	Nil	Nil	Nil	Nil	Nil	Nil
67	Amudha	2013	27F	G_4 P_1 L_1 A_2	Emerg. LSCS	PIH with BOH with CPD	Nil	+	Nil	Nil	Nil	Klebsiella	Ciproflo cin
68	Pauline Mary	230	32F	G_4 P_1 L_1A_2	Emeg. Rpt.LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
69	Vimala	270	25F	Primi	Emeg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
70	Kaniammal	271	22F	Primi	Emeg. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
71	Selvalakshmi	267	19F	G_4 P_1 L_1 A_2	Emerg Rpt Lscs ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
72	Shanthi	277	23F	G_2 P_1 L_1	Emg LSCS ST	Central PP	Nil	Nil	Nil	Nil	Nil	Nil	Nil
73	Vasanthi	191	17F	G_3 P_1 L_1 A_1	Emeg LSCS ST	Fetal alarm sign	Nil	Nil	Nil	Nil	Nil	Nil	Nil
74	Deepa	243	21F	Primi	Emeg LSCS	Fetal alarm Sign	Nil	Nil	+	Nil	Nil	Proteus	Ciproflo cin
75	Manimegulai	282	21F	Primi	Emeg LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
76	Sherunhunu	260	19F	Primi	Emerg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
77	Bhavani	216	20F	Primi	Emerg LSCS	failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
78	Nagajothi	265	18F	Primi	Emeg LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
79	Manju	194	17F	G_2 A_1	Emerg LSCS	Failed Ind with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
80	Geetha	266	19F	Primi	Emerg LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
81	Hemavathy	98	24F	G_3 P_1 L_1 A_1	Emeg Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

82	Maragadam	279	23F	Primi	Emeg LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
83	Komala	286	18F	Primi	Emeg LSCS	Infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
84	Rekha	104	18F	G_2 A_1	Emeg LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
85	Kanchana	323	27F	Primi	Emeg LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
86	Selvamary	215	23F	Primi	Emeg LSCS	MSAF with FD	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
87	Sadarimmal	299	18F	G_3 P_2 L_2	Emeg Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
88	Bhuvaneswari	289	20F	Primi	Emeg LSCS	MSAF FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
89	Anandhi	338	21F	Primi	Emeg. LSCS	PIH transverse lie	Nil	Nil	Nil	Nil	Nil	Nil	Nil
90	Saroja	336	20F	G_6 A_5	Emeg LSCS	BOH with CPD	Nil	+	Nil	Nil	Nil	E.coli	Nor floxaci
91	Parveen banu	38	26F	G_3 P_1 L_1 A_1	Emeg Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
92	Gayathri	332	31F	Primi	Emeg LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
93	Suguna	247	24F	G_4 P_1 L_1 A_2	Emeg LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
94	Rekha	347	21F	Primi	Emeg LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
95	Lakshmi	329	22F	Primi	Emeg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
96	Kavitha	180	21F	Primi	Emeg. LSCS	Post dated mobile head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
97	Sumathi	345	23F	Primi	Emeg. LSCS	Oligo hydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
98	Indra	245	19F	G_2 P_1 L_1	Emer. Rpt LSCS	BOH with Prev LSCS	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
99	Selvi	366	25F	G_2 P_1 L_1	Emeg. Rpt LSCS	Prev. LSCS	Nil	Nil	+	Nil	Nil	Nil	Nil
100	Vinodhini	346	25F	G_2 P_1 L_1	Emeg Rpt LSCS ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
101	Sumithra	370	21F	G_2 A_1	Emeg LSCS	MSAF with FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
102	Mababee	173	18F	G_3 P_2 L_2	Emeg LSCS ST	Breech in labor	Nil	Nil	Nil	Nil	Nil	Nil	Nil
103	Sugnaya	382	17F	G_4 P_1 L_1 A_2	Emeg Rpt LSCS	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
104	Devi	380	21F	Primi	Emeg LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
105	Sangeetha	66	23F	G_2 P_1 L_1	Emeg Rpt LSCS ST	Prev. LSCS	Nil	+	Nil	Nil	Nil	E.Coli	Nor floxaci
106	Ponamma	1819 9	20F	G_2 P_L L_1	Elective LSCS	Twin Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
107	Meenaktchi	301	27F	G_2 P_1 L_1	Electr Rpt LSCS ST	Prev. LSCS	Nil	Nil	+	Nil	Nil	Nil	Nil
108	Devi	388	17F	G_2 P_1 L_1	Emeg. Rpt LSCS ST	Prev. LSCS	+	Nil	Nil	Nil	Nil	Staph Aureus	Cloxacil
109	Vijaya	208	28F	G_2 P_1 L_1	Emeg. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
110	Lilly	104	32F	G_3 P_1 L_1 A_1	Emeg. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil

11				G_3 P_1 L_1	Emeg. Rpt			Nil	Nil				
1	Kalaiselvi	377	24F	A_1	LSCS ST	Prev. LSCS	Nil			Nil	Nil	Nil	Nil
11						BOH with FD with		Nil	Nil				
2	Renuka	398	27F	G_5 A_4	Emeg LSCS	MSAF	Nil			Nil	Nil	Nil	Nil
11								Nil	Nil				
3	Poomala	400	21F	G_2 P_1 L_1	Emeg Rpt LSCS	Prev. LSCS	Nil			Nil	Nil	Nil	Nil
11								Nil	Nil				
4	Hemalatha	407	23F	Primi	Emeg. LSCS	PIH CPD	Nil			Nil	Nil	Nil	Nil
11	Bhuwaneshwara					Prev. LSCS Post		Nil	Nil				
5	i	397	25F	G_2 P_1 L_1	Emeg LSCS	dated	Nil			Nil	Nil	Nil	Nil
11								Nil	Nil				
6	Saradha	434	23F	Primi	Emeg LSCS	Oliogohydramnios	Nil			Nil	Nil	Nil	Nil
11					Emeg Rpt LSCS	Prev LSCS		Nil	Nil				
7	Laureace Mary	433	20F	G_2 P_1 L_1	ST		Nil			Nil	Nil	Nil	Nil
11		1887			Em. LSCS with	Failed induction		Nil	Nil				
8	Poonarasi	4	23F	G_2 P_1 L_1	ST		Nil			Nil	Nil	Nil	Nil
11				G_4 P_1 L_1	Elect. Rpt LSCS	Prev. LSCS		Nil	Nil				
9	Viji	357	30F	A_2	ST		Nil			Nil	Nil	Nil	Nil
12				G_4 P_2		Prev. LSCS CPD		Nil	Nil				
0	Thilagavathi	319	23F	L_2A_1	El Rpt LSCS St		Nil			Nil	Nil	Nil	Nil
12				G_3 P_1 L_1	Elect Rpt LSCS	Prev. LSCS		Nil	Nil				
1	Dhanalakshmi	2514	24F	A_1	ST		Nil			Nil	Nil	Nil	Nil
12					Emeg Rpt LSCS	Prev. LSCS		Nil	Nil				
2	Eswari	443	22F	G_2 P_1 L_1	ST		Nil			Nil	Nil	Nil	Nil
12				G_4 P_1 L_1	Emeg Rpt LSCS	Breech in labour		Nil	+				Chloroc
3	Devi	428	24F	A_2	ST		Nil			Nil	Nil	Nil	ne
12						Prev LSCS		Nil	Nil				
4	Ammu	445	24F	G_2 P_1 L_1	Emeg Rpt LSCS		Nil			Nil	Nil	Nil	Nil
12						Pre LSCS UE Head		Nil	Nil				
5	Vanitha	450	21F	G_2 P_1 L_1	Emeg Rpt LSCS		Nil			Nil	Nil	Nil	Nil
12						Breech in labour		Nil	Nil				
6	Ilakiaselvi	469	21F	G_2 P_1 L_1	Emeg LSCS ST		Nil			Nil	Nil	Nil	Nil
12						Failed Induction		Nil	Nil				
7	Saridha	431	20F	G_2 P_1 L_1	Emeg. LSCS		Nil			Nil	Nil	Nil	Nil
12					Emeg. Rpt	Prev. LSCS		Nil	Nil				
8	Rani	466	21F	G_2 P_1 L_1	LSCS ST		Nil			Nil	Nil	Nil	Nil
12					Emeg . Rpt	Prev. LSCS		Nil	Nil				
9	Chandra	465	25F	G_2 P_1 L_1	LSCS		Nil			Nil	Nil	Nil	Nil
13						MSAF FD		Nil					Cefotax
0	Vijitha	485	31F	G_2 P_1 L_1	Emeg LSCS		Nil		+	Nil	Nil	Nil	e
13					Emg RPt LSCS	Prev. LSCS		Nil	Nil				
1	Nagamma	392	28F	G_2 P_1 L_1	ST		Nil			Nil	Nil	Nil	Nil
13				G_4 P_1 L_1		Prev. LSCS		Nil	Nil				
2	Sharmita	128	23F	A_2	Elec LSCS ST		Nil			Nil	Nil	Nil	Nil
13						CPD		Nil	Nil				
3	Salimabee	496	18F	Primi	Emeg LSCS		Nil			Nil	Nil	Nil	Nil
13						Foetal distress			Nil				Nor
4	Renuka	426	24F	Primi	Emeg LSCS		Nil	+		Nil	Nil	E.Coli	floxaci
13					Emeg Rpt.	Prev LSCS UE head		Nil	Nil				
5	Bharathi	500	27F	G_2 P_1 L_1	LSCS ST'		Nil			Nil	Nil	Nil	Nil
13						Long period of		Nil	Nil				
6	Kalpana	510	23F	Primi	Emeg LSCS	infertility	Nil			Nil	Nil	Nil	Nil
13						Failed induction		Nil	Nil				
7	Deepa	470	20F	Primi	Emeg LSCS		Nil			Nil	Nil	Nil	Nil
13					Emg Rpt LSCS	Prev. LSCS Breech		Nil	Nil				
8	Mythili	516	19F	G_2 P_1 L_1	ST		Nil			Nil	Nil	Nil	Nil
13						Imm Ecclampsia		Nil					Cefotax
9	Kanmani	504	21F	Primi	Emeg LSCS		Nil		+	Nil	Nil	Nil	e

140	Gunasundari	517	23F	$G_2 P_1 L_1$	Emeg LSCS	Prev LSCS Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
141	Saraswathi	404	21F	Primi	Emeg LSCS	Failed Ind.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
142	Kamalamma	524	29F	Primi	Emeg LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
143	Gabeira	178	28F	Primi	Emeg. LSCS	PIH Failed induction	Nil	+	Nil	Nil	Nil	Nil	Nil
144	Shanthi	525	23F	Primi	Emeg. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
145	Sujatha	514	20F	Primi	Emeg LSCS	Long Pd Of Prim Infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
146	Jaya	543	25F	$G_2 P_1 L_1$	Emey Rpt LSCS ST	Prev LSCS post dated	Nil	+	Nil	Nil	Klebsiella		Ciprofloxacin
147	Rajeswari	545	20F	$G_2 P_1 L_1$	Emgy Rpt. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
148	Saraswathi	474	27F	Primi	Emeg LSCS	Failed induction FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
149	Fathima	547	25F	Primi	Emeg. LSCS	Fetel distress	Nil	Nil	+	Nil	Nil	Nil	Chloroquine
150	Parimala	563	24F	$G_2 P_1 L_1$	Emeg LSCS ST	Face presentation	Nil	Nil	Nil	Nil	Nil	Nil	Nil
151	Maragalavalli	559	22F	Primi	Em. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
152	Sumathi	423	29F	Primi	Eme. LSCS	PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
153	Kakila	408	27F	$G_2 P_1 L_1$	Emeg LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
154	Amutha	560	21F	$G_2 A_1$	Emg LSCS	Post dated / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
155	Sanjulatha	566	28F	$G_2 P_1 L_1$	Emeg LSCS	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
156	Ajantha	576	24F	$G_2 P_1 L_1$	Emg LSCS	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
157	Valliamma	498	40F	Primi	Emg LSCS	Severeoligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
158	Ammani	630	23F	$G_2 P_1 L_1$	Emg LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
159	Saheena	615	23F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
160	Umamaheswari	429	24F	Primi	Emeg. LSCS	FD / PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
161	Jothy	644	22F	$G_2 P_1 L_1$	Emeg. Rpt LSCS ST	PREV LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
162	Usha	654	16F	$G_4 P_1 L_1 A_2$	Em Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
163	Sudha	595	24F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
164	Ramalaxmi	18433	17F	$G_2 P_1 L_1$	Em. Rpt LSCS	Prev LSCS CPD	Nil	Nil	+	Nil	Nil	Nil	Chloroquine
165	Durgadevi	650	21F	Primi	Em. LSCS	PIH / Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
166	Devi	577	20F	$G_2 P_1 L_1$	Em LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
167	Kalaiselvi	665	18F	Primi	Em LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
168	Victoria	501	24F	$G_2 P_1 L_1$	Emy. Rpt. LSCS	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil

169	Jeyanathi	678	29F	Primi	Em LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
170	Nagajothi	692	24F	$G_3 P_1 L_1 A_1$	Emg Rpt. LSCS ST	Prev LSCS Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
171	Budhurninta	687	25F	$G_3 P_1 L_1 A_1$	Emg LSCS with ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
172	Rajathi	696	22F	Primi	Em LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
173	Poomodi	703	20F	Primi	Em LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
174	Kalaiselvi	660	26F	$G_2 P_1 L_1$	Emy LSCS with ST	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
175	Devi	681	20F	Primi	Emeg. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
176	Reginamary	716	21F	$G_3 P_1 L_1 A_1$	Emy LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
177	Bharathi	725	23F	Primi	Emg. LSCS	Obstructed labour	+	+	+	Nil	Nil	Staph Aureus	Ciproflo cin
178	Samundeeswari	728	23F	$G_2 P_1 L_1$	Emg. Rpt LSCS	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
179	Faritha	733	36F	$G_3 P_1 L_1 A_1$	Emg. Rpt LSCS ST	Prev LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
180	Nirmaladevi	738	36F	Primi	Em LSCS	PIH / FD	+	+	Nil	Nil	Nil	Staph Aureus	Cefotax e
181	Porselvi	598	18F	Primi	Emgy LSCS	PIH/FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
182	Mamitha	761	29F	$G_2 P_1 L_1$	Em LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
183	Punitha	734	22F	$G_2 P_1 L_1$	Emg Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
184	Chitra	760	38F	$G_2 P_1 L_1$	Emer LSCS	Elder grad / CPD	Nil	+	Nil	Nil	Nil	E.Coli	Norfloxa n
185	Mari	727	17F	$G_2 P_1 L_1$	Emerg LSCS ST	Compound Presentation	+	Nil	Nil	Nil	Nil	Staph Aureus	Cefotax e
186	Sunitha	764	19F	Primi	Emg LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
187	Bhuvaneswari	700	19F	Primi	Emg. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
188	Devi	472	19F	Primi	Emg. LSCS	Failed induction	Nil	+	+	Nil	Nil	E.Coli	Ciproflo cin
189	Malliya	579	23F	$G_2 P_1 L_1$	El Rpt LsCS ST	Prev LSCS R Leg polio	Nil	Nil	Nil	Nil	Nil	Nil	Nil
190	Vijayalaksmi	583	20F	$G_2 P_1 L_1$	Elec Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
191	Jeyanathi	694	23F	Primi	Emeg LSCS	PIH with CPD	Nil	+	Nil	Nil	Nil	Nil	Nil
192	Malathi	714	21F	Primi	Emeg LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
193	Kumari	758	32F	$G_5 P_4 L_1$	Emy. Rpt LSCS ST	BoH Postdatism	Nil	Nil	Nil	Nil	Nil	Nil	Nil
194	Banu	808	24F	$G_3 P_2 L_2$	Emy Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
195	Clara	795	22F	$G_2 P_1 L_1$	Emy Rpt LSCS ST	Prev lscs UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
196	Divya	807	17F	Primi	Emy LSCS	Oligohydramnios	Nil	+	Nil	Nil	Nil	Klebsiella	Ciproflo cin
197	Pachiammal	789	20F	Primi	Em LSCS	CPD	+	Nil	Nil	Nil	Nil	Staph Aureus	Cefotax e

198	Megala	803	20F	Primi	Emeg. LSCS	PIH Breech	Nil	Nil	+	Nil	Nil	E.coli	Nor Floxaci
199	Meena	806	18F	G_2 P_1 L_1	Emeg Rpt LSCS	Prev LSCS FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
200	Nithya	689	18F	Primi	Emy LSCS	Post Datism	Nil	+	+	Nil	Nil	E.coli	Nor Floxcac
201	Mallika	809	18F	Primi	Emeg LSCS	Severe PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
202	Maheswari	402	19F	Primi	Emeg. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
203	Muniammal	762	17F	Primi	Emg LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
204	Sharmila	811	27F	Primi	Eme Lscs	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
205	Sathyakala	840	24F	G_2 P_1 L_1	Eny Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
206	Lakshmi	624	19F	Primi	Em. LSCS	Longi vaginalseptum	Nil	Nil	Nil	Nil	Nil	Nil	Nil
207	Devi	813	18F	Primi	Em. LSCS	MSAF / FD	Nil	+	+	Nil	Nil	E.coli	Ciproflo cin
208	Selvi	855	21F	G_2 P_1 L_1	Emeg. Rpt LSCS ST	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
209	Selvi	854	17F	G_2 A_1	Emergy LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
210	Lakshmi	853	19F	Primi	Eme. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
211	Anandhi	849	18F	G_3 P_2 L_2	Em. Rpt. LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
212	Priya	863	18F	G_4 P_3 L_3	Em. LSCS ST	Obstructed labour	Nil	+	+	Nil	Nil	E.coli	Ciproflo cin
213	Sudha	864	23F	G_2 A_1	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
214	Geetha	875	22F	G_2 P_1 L_1	EM. Rpt LSCS ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
215	Chitra	745	23F	G_2 P_1 L_1	EM. Rpt LSCS ST	Prev LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
216	Padmapriya	860	21F	G_3 P_2 L_1	Em. Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
217	Selvi	924	24F	Primi	EM LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
218	Latha	936	18F	Primi	Em. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
219	Vijaya	859	19F	G_4 P_1 L_1 A_2	Em. Rpt LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
220	Nazreen Sultan	937	26F	Primi	Em. LSCS	F.D	Nil	Nil	+	Nil	Nil	Nil	Chloroq ne
221	Shanthi	874	30F	G_3 P_1 L_1 A_1	Em. Rpt LSCS ST	Prev LSCS / UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
222	Kasthuri	973	35F	Elder Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
223	Selvi	770	26F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
224	Sasikala	486	21F	G_2 P_1 L_1	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
225	Vasantha Barathy	871	30F	Elder Primi	Em. LSCS	Failed Induction	+	Nil	+	Nil	Nil	Staph Aureus	Cefotax e
226	Priya	893	22F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

227	Kalavathy	797	27F	$G_3 P_1 L_1 A_1$	El. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
228	Maheswari	623	23F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev. LSCS Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
229	Sundar	869	27F	$G_3 P_1 L_1 A_1$	Em. Rpt LSCS ST	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
230	Sumathy	907	19F	$G_4 P_2 L_1 A_1$	Em. LSCS	Fetal alarm sign	Nil	Nil	Nil	Nil	Nil	Nil	Nil
231	Umamaheswari	988	20F	Primi	Em. LSCS	Fetal distress	Nil	+	Nil	Nil	Nil	E.coli	Norfloxcac
232	Devi	934	20F	Primi	Em. LSCS	Foetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
233	Vadivu	998	29F	Primi	Em. LSCS	FD	Nil	Nil	+	Nil	Nil	Nil	Chloroq ne
234	Thenmozhi	882	21F	Primi	Em LSCS	PrevLSCS UE head FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
235	Ramani	1033	26F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
236	Latha	999	29F	Primi	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
237	Suratbegum	967	21F	Primi	Em. LSCS	Sev Oligohydramios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
238	Maheswari	997	22F	Primi	Em. LSCS	PIH FD	+	Nil	Nil	Nil	Nil	Staph Aureus	Cefotaxe
239	Themmathi Ezhilarasi	1005	30F	Eldery Primi	Em. LSCS	PIH FD	Nil	+	Nil	Nil	Nil	E.coli	Nor Floxac
240	Prema	983	23F	$G_2 P_1 L_1$	Em.Rpt LSCS ST	Prev. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
241	Rajeswari	828	19F	$G_5 P_1 L_1 A_3$	Em. LSCS	Central Placenta Previa	Nil	Nil	Nil	Nil	Nil	Nil	Nil
242	Vennila	968	18F	$G_2 P_1 L_1$	Elec Rpts LSCS ST	Prev. LSCS RhNeg	Nil	Nil	Nil	Nil	Nil	Nil	Nil
243	Dillesvali	1051	24F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
244	Niranjana	989	19F	Primi	Em. LSCS	Thick MSAF FD	+	Nil	Nil	Nil	Nil	Staph Aureus	Ciproflocin
245	Nagajothy	1050	19F	$G_4 P_2 L_2 A_1$	Em. Rpt LSCS	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
246	Joyee	940	24F	$G_2 P_1 L_1$	Em. LSCS with ST	CPD in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
247	Sasikala	1038	17F	$G_3 P_1 L_1 A_1$	Em. LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
248	Dhanalakshmi	1067	23F	Primi	Em. LSCS	PIH with CPD FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
249	Shanthakumari	946	21F	Primi	Em. LSCS	Failure To Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
250	Dhanalakshmi	1046	20F	$G_2 A_1$	Em. LSCS	Long Period of infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
251	Gayathri	5935	27F	Primi	Emer. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
252	Cheryl	5821	26F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
253	Nazeema	4869	19F	$G_2 P_1 L_1$	Ele RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
254	Neelaveni	5864	23F	$G_2 P_1 L_1$	Ele RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
255	Selvi	6000	22F	$G_2 P_1 L_1$	Emer. RPT LSCS ST	Prev.LSCS	Nil	+	Nil	Nil	Nil	E.coli	Norfloxcac

256	Kanimozhi	5815	20F	$G_2 P_1 L_1$	Emer.Rpt LSCS ST	Prev. LSCS	+	Nil	Nil	Nil	Nil	Staph Aureus	Cloxacil
257	Salsa	6013	20F	Primi	Emer.LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
258	Reshma	5928	19F	Primi	Emer.LSCS	PIH / IE	Nil	Nil	Nil	Nil	Nil	Nil	Nil
259	Geetha	5841	19F	Primi	Emer. LSCS	Serve PIH FI	Nil	Nil	Nil	Nil	Nil	Nil	Nil
260	Revathi	5918	22F	Primi	Emer. LSCS	PIH / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
261	Gajalakshmi	6023	21F	$G_2 P_1 L_1$	Emer Rpt. LSCS St	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
262	Noornisha	6021	22F	$G_2 P_1 L_1$	Emer Rpt. LSCS St	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
263	Chandrakala	6017	20F	$G_2 P_1 L_1$	EmerRpt. LSCS St	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
264	Radhika	5912	21F	Primi	Emer. LSCS	Post dated failed induct.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
265	Mohana	6042	23F	Primi	Emer. LSCS	FD	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
266	Jyothi	6050	20F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
267	Rekku	6018	25F	$G_2 P_1 L_1$	Emer. Rpt LSCS st	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
268	Viji	6054	25F	Primi	Emer. LSCS	MSAF	+	+	Nil	Nil	Nil	Staph Aureus	Cefotax e
269	Rajeswarai	5909	23F	$G_3 P_2 L_2$	Emer RPT. LSCS sT	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
270	Aseena	5995	25F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
271	AdiLakshmi	5996	21F	$G_2 P_1 L_1$	Emer Rpt. LSCS ST	Prev. LSCS	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
272	Krishnaveni	5968	18F	$G_2 P_1 L_O$	Elective LSCS	Precious Baby	Nil	Nil	Nil	Nil	Nil	Nil	Nil
273	Indra	5684	25F	$G_2 P_1 L_1$	Elective LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
274	Samsath Begam	5823	19F	$G_2 A_1$	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
275	Elanselvi	5988	24F	Primi	Emer. LSCS	FD	Nil	+	Nil	Nil	Nil	E.coli	Nor floxcac
276	Revathi	5839	22F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
277	Latha	5914	25F	$G_3 P_2 L_2$	Emer. LSCS ST	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
278	Mumtaj	6087	20F	Primi	Emer. LSCS	Severe PIH	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
279	Sheela	6085	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
280	Hemalatha	5965	27F	Primi	Emer. LSCS	Failed Induction	Nil	+	Nil	Nil	Nil	E.coli	Nor floxcac
281	Vasanthi	6108	20F	Primi	Emer. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
282	Sasikala	5830	21F	$G_2 P_1 L_1$	Elective LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
283	Jayalakshmi	5356	25F	$G_2 P_1 L_0$	Emer. LSCS	BOH/Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
284	Rosalin	5370	23F	Primi	Elective LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil

285	Rajeswari	6063	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
286	Padmavathi	5983	23F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
287	Murugammai	6118	25F	Primi	Emer. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
288	Sajayamary	6033	23F	Primi	Emer. LSCS	PIH / Fail Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
289	Fathima	6051	23F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
290	Shobana	6024	25F	G_2 P_1 L_1	Emer. LSCSST	Prev. LSCS /Oligo	Nil	Nil	Nil	Nil	Nil	Nil	Nil
291	Chitra	6117	19F	G_2 P_1 L_1	Emer. LSCS	Breech/ Post dated	Nil	Nil	Nil	Nil	Nil	Nil	Nil
292	Kumari	5951	22F	Primi	Emer. LSCS	Fail indi / PIH	Nil	+	Nil	Nil	Klebsiella	Ciproflo cin	
293	Suguna	6051	20F	Primi	Emer. LSCS	Fail Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
294	Sasikala	6127	18F	G_3 P_1 L_1 A_1	Emer. LSCS ST	Prev. LSCS CPD	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
295	Rajeswari	5922	18F	Primi	Emer. LSCS	PIH / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
296	Ammu	6166	18F	G_2 P_1 L_1	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
297	Tamilrasi	6071	19F	Primi	Emer. LSCS	Fail Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
298	Meenakshi	6141	24F	Primi	Emer. LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
299	Umadevi	6173	24F	G_2 P_1 L_1	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
300	Benitha	6172	27F	G_2 P_1 L_1	Emer. LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
301	Sasikala	6187	27F	G_2 P_1 L_1	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
302	Suguna	6014	20F	G_2 P_1 L_1	Emer. LSCS ST	Prev. LSCS	Nil	Nil	+	Nil	Nil	Nil	Nil
303	Lakshmi	6022	22F	G_2 P_1 L_1	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
304	Radikha	6020	21F	G_3 P_1 L_1 A_1	Emer. LSCS ST	Prev. LSCS	+	+	Nil	Nil	Staph Aureus	Cloxacil	
305	Sudha	6005	24F	G_2 P_1 L_1	ElecRPT LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
306	Jayanthi	6161	20F	Primi	Emer. LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
307	Solaiamma	6178	19F	G_2 P_1 L_1	Emer. LSCS	MSAF / FD	+	Nil	+	Nil	Staph Aureus	Cefotax e	
308	Fairanisha	6150	19F	Primi	Emer. LSCS	PIH / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
309	Samathanam	6192	18F	G_4 P_2 L_1 A_1	Emer. LSCS	FD with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
310	Mahalakshmi	6239	21F	G_3 P_2 L_2	Emer. LSCS ST	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
311	Kumari	6216	27F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
312	Parameswari	6241	20F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
313	Kalaivani	5723	23F	G_2 A_1	Emer. LSCS	Post dated	Nil	Nil	Nil	Nil	Nil	Nil	Nil

314	Maheswari	6219	26F	$G_3 A_2$	Emer. LSCS	BOH / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
315	Latha	6256	20F	Primi	Emer. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
316	Shavala	6262	27F	$G_2 P_1 L_1$	Emer. LSCS	Twin / Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
317	Dharani	6264	23F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
318	Malarvaizhi	6266	23F	$G_2 P_1 L_1$	Emer. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
319	Sathya	6275	18F	Primi	Emer. LSCS	MSAF	+	Nil	+	Nil	Nil	Staph Aureus	Cefotaxe
320	Jayalakshmi	6088	21F	$G_3 P_2 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
321	Bhuvaneswari	6112	19F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
322	Chitra	6233	21F	$G_2 A_1$	Emer. LSCS	Long Period infertility	Nil	Nil	Nil	Nil	Nil	Nil	Nil
323	Renuka	6285	18F	$G_2 P_1 L_1$	Emer. LSCS	Breech / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
324	Devi	6199	24F	$G_3 P_1 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
325	Ponselvi	6017	23F	Primi	Emer. LSCS	Arrest of Descent	+	+	+	Nil	Nil	Staph Aureus	Cloxacil
326	Dhanalakshmi	6283	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
327	Sarvajiah	6310	26F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
328	Revathi	6324	20F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
329	Shameema	6305	20F	Primi	Emer. LSCS	failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
330	Jayanthi	5947	23F	$G_2 P_1 L_1$	Elective LSCS ST	PIH / Pre LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
331	Jyothi	6207	21F	$G_2 P_1 L_1$	Elective LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
332	Amish fathima	6242	22F	Primi	Emer. LSCS	MSF / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
333	Kalavathi	6212	27F	$G_2 P_1 L_1$	Elective LSCSST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
334	Chitra	6337	22F	$G_2 P_1 L_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
335	Saridha	6290	23F	Primi	Emer. LSCS	Post dat / failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
336	Subbulakshmi	6152	19F	Primi	Emer. LSCS	PIH / Fail induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
337	Manonmani	9586	20F	$G_2 P_1 L_1$	Emer. LSCS	Transverse Lie	Nil	Nil	Nil	Nil	Nil	Nil	Nil
338	Jeyanthi	9515	27F	Primi	Emer. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
339	Kavhiga	9056	18F	$G_2 P_1 L_1$	Emer. LSCS	Breech / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
340	Poongodi	9266	24F	$G_3 P_1 L_1 A_1$	Emer. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
341	Meenachi	9607	23F	Primi	Emer. LSCS	Arrest of Descent	Nil	+	Nil	Nil	Nil	E.coli	Norfloxcac
342	Magalakshmi	6923	20F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

343	Jayanthi	9600	27F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
344	Usha	9597	18F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
345	Gomathy	9915	18F	Primi	Emy LSCS	Post Datism	Nil	Nil	Nil	Nil	Nil	Nil	Nil
346	Loha Moses	9883	18F	Primi	Emeg LSCS	Severe PIH	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
347	Kavitha	10170	19F	Primi	Emeg. LSCS	MSAF	Nil	Nil	Nil	Nil	Nil	Nil	Nil
348	Malathy	9898	17F	Primi	Emg LSCS	Big baby / failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
349	Sulochana	9936	27F	Primi	Eme LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
350	Shobana Devi	9942	24F	G_2 P_1 L_1	Eny Rpt LSCS ST	Prev LSCSwith UE head	+	Nil	+	Nil	Nil	Staph Aureus	Cefotax e
351	Krishnaveni	10304	19F	Primi	Em. LSCS	Long. vaginalseptum	Nil	Nil	Nil	Nil	Nil	Nil	Nil
352	Sarala	10098	18F	Primi	Em. LSCS	MSAF / FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
353	Vimala	10254	21F	G_2 P_1 L_1	Emeg. Rpt LSCS ST	Breech	Nil	+	Nil	Nil	Nil	E.coli	Nor floxcac
354	Jeyanathi	10270	17F	G_2 A_1	Emergy LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
355	Gomathy	10321	19F	Primi	Eme. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
356	Kavitha	10330	18F	G_3 P_2 L_2	Em. Rpt. LSCS ST	Prev LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
357	Rekha	10688	18F	G_4 P_3 L_3	Em. LSCS ST	Obstructed labour	Nil	Nil	+	Nil	Nil	Nil	Chloroc ne
358	Tamilma Nisha	10651	23F	G_2 A_1	Em. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
359	Uma	10910	19F	G_4 P_3 L_2	Em. Rpt. LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
360	Meenatchi	10824	24F	G_2 P_1 L_1	Em. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
361	Rajeswari	10913	22F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
362	Valli	10926	20F	Primi	Em RPT LSCS ST	Prev. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
363	Sabiya	11289	28F	G_2 P_1 L_1	Em RPT LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
364	Pradeepa	11293	18F	Primi	Em. LSCS	Oligohydramnios	+	Nil	Nil	Nil	Nil	Nil	Cefotax e
365	Sumathi	11278	26F	G_2 P_1 L_1	Em. RPT LSCS ST	Prev. LSCS with BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
366	Kumutha	11067	30F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
367	Manjula	11351	22F	G_2 P_1 L_0	Em. Rpt. LSCS	Prev. LSCS with BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
368	Rajalaxmi	11426	18F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
369	Breula	11482	17F	G_2 P_1 L_1	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
370	Laxmi	11521	26F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
371	Laxmi	11652	20F	Primi	Elective LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

372	Deivanai	11615	25F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
373	Saranya	11618	27F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
374	Poonga	9876	21F	Primi	Emer. LSCS	Failed induction.	Nil	+	Nil	Nil	Nil	E.coli	Norfloxcac
375	Rajeswari	8986	19F	Primi	Emer. LSCS	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
376	Kalaiselvi	9052	17F	G_2 P_1 L_1	Emer. RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
377	Geetha	9006	17F	G_3 P_1 L_1 A_1	Em. RPT LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
378	Nagammal	8906	25F	G_2 P_1 L_1	Em. LSCS with ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
379	Bhavani	9054	21F	G_2 A_1	Em. LSCS	CPD	+	Nil	+	Nil	Nil	Klebsiella	Ciprofloxacin
380	Selvi	9085	19F	Primi	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
381	Annakodi	9090	20F	Primi	Em. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
382	Boomi	8620	27F	G_2 P_1 L_0	Em. Rpt LSCS	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
383	Shammu	9063	20F	G_2 P_1 L_1	Em. RPT LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
384	Poongodi	9074	19F	Primi	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
385	Pushpa	9075	20F	G_2 A_1	Em. LSCS	CPD	+	Nil	Nil	Nil	Nil	Staph Aureus	Cloxacil
386	Jothi	9060	21F	G_2 P_1 L_1	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
387	Vijayalakshmi	9081	25F	G_2 P_1 L_1	Em. LSCS with ST	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
388	Faridha	9097	21F	G_2 A_1	Em. LSCS	PIH / Failure to progress	Nil	Nil	+	Nil	Nil	Nil	Chloroq ne
389	Jessiatha	9003	24F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
390	Devisudha	9131	20F	Primi	Em. LSCS	Failure to progress	Nil	Nil	+	Nil	Nil	Nil	Chloroq ne
391	Krishnaveni	9070	18F	G_2 P_1 L_1	Em. LSCS with ST	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
392	Bhavani	9124	20F	G_2 P_1 L_1	Em. RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
393	Lakshmi	9148	22F	Primi	Em. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
394	Karthika	9056	19F	Primi	Em. LSCS	Breech	+	Nil	Nil	Nil	Nil	Nil	Cefotaxe
395	Devi	9112	19F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
396	Uma Maheswari	9153	22F	Primi	Em. LSCS	Breech	+	Nil	+	Nil	Nil	Staph Aureus	Cefotaxe
397	Geetha	9157	18F	G_2 P_1 L_1	Em. LSCS with ST	FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
398	Muthulakshmi	9176	22F	G_2 P_1 L_1	Em. LSCS with ST	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
399	Roja	9182	21F	G_2 P_1 L_1	Em. RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
400	Ramzanbeevi	8614	21F	G_2 P_1 L_1	Em. Rpt LSCS	Prev. LSCS FD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

401	Umamaheswari	9196	18F	$G_3 P_1 L_1A_1$	Em. LSCS with ST	CPD	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
402	Afras begum	9201	20F	G2 P1 L_1	Em. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
403	Anusuya	9139	28F	$G_2 P_1 L_1$	Emer. Rpt. LSCS ST	Prev. LSCS Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
404	Vani	11522	26F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
405	Banupriya	11714	20F	Primi	Elective LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
406	Faizoon	11721	25F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
407	Jeya	11519	27F	Primi	Em. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
408	Shanmugavalli	11540	23F	$G_2 P_1 L_1$	Emer. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
409	Devi	11695	19F	Primi	Emer. LSCS	PIH CPD	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
410	Indu	11994	24F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
411	Puspa	29059	21F	$G_2 A_1$	Emer. LSCS	CPD	Nil	+	Nil	Nil	Nil	E.coli	Nor floxcac
412	Sathana	12919	23F	$G_2 P_1 L_1$	Emer. Rpt. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
413	Lurthumary	13206	25F	$G_3 P_2 L_1 A_1$	Emer. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
414	Maheswari	10997	22F	$G_2 P_1 L_1$	Emer. LSCS	Prev.LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
415	Kavitha	10998	26F	$G_2 P_1 L_1$	Emer. LSCS	Prev.LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
416	Yasmin	10944	21F	Primi	Emer. LSCS	Fetal distress.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
417	Puma	10942	22F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
418	Roly	10929	24F	Primi	Emer. LSCS	Failed Induction	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
419	Evayeline Mary	10959	20F	Primi	Emer. LSCS	Failed Induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
420	Eswari	89342	27F	$G_2 P_1 L_1$	Emer. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
421	Maheswari	10997	22F	$G_2 P_1 L_1$	EM RPT LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
422	Kavitha	10998	26F	$G_2 P_1 L_1$	EM Rpt . LSCS st	PrevLSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil	Nil
423	Yasmin	10944	21F	Primi	Emer. LSCS	Failure to progress	+	Nil	Nil	Nil	Nil	Nil	Cefotax e
424	Prema	10942	22F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
425	Roly	10929	24F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
426	Evayeline Mary	10959	20F	Primi	Emer. LSCS	Failed induc.	Nil	Nil	Nil	Nil	Nil	Nil	Nil
427	Dhavamani	9702	32/F	$G_2 P_1 L_1$	Emg. Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
428	Prabavathy	9708	23F	Primi	Emer. LSCS	Failure to Progress	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
429	Shanthi	9874	21F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

430	Shakuntala	9694	24F	$G_4 P_3 L_1$	Emer. Rpt. LSCS ST	BOH/Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil
431	Selvi Raguls	9916	23F	Primi	Emer. LSCS	CPD	Nil	+	Nil	Nil	E.coli	Nor floxcac
432	Bozera	10214	21F	Primi	Emer. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil
433	Revathy	10199	26F	$G_2 P_1 L_1$	Emer. Rpt LSCS ST	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil
434	Visaltchi	10047	27F	$G_2 P_1 L_1$	Emer.Rpt LSCS ST	Prev. LSCS / posdtism	Nil	Nil	Nil	Nil	Nil	Nil
435	Nagalakshmi	10444	21F	$G_2 A_1$	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil
436	Vijayalakshmi	10356	26F	$G_2 P_1 L_1$	Emer.Rpt LSCS ST	Prev. LSCS with CPD	+	Nil	Nil	Nil	Nil	Nil
437	Suguna	10428	22F	Primi	Emer. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil
438	Lakshmi	10211	20F	Primi	Emer. LSCS	IUGR	Nil	Nil	Nil	Nil	Nil	Nil
439	Gayathri	10429	21F	Primi	Emer. LSCS	Oligohydramnios	Nil	Nil	Nil	Nil	Nil	Nil
440	Chitrakumari	10621	22F	$G_2 P_1 L_1$	Emer. LSCS with ST	Prev. LSCS UE head	+	Nil	+	Nil	Staph Aureus	Cloxacil
441	Thayamani	10617	28F	$G_3 P_2 L_2$	Emer. Rpt LSCS ST	Prev. LSCS UE Head	Nil	Nil	Nil	Nil	Nil	Nil
442	Kumudha	10767	24F	$G_2 A_1$	Emer. LSCS	Oligo hydra breech	Nil	Nil	Nil	Nil	Nil	Nil
443	Sayeetha	10758	24F	Primi	Emer. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil
444	Sumathi	10718	26F	$G_2 P_1 L_1$	Emer. Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil
445	Shanthi	10761	25F	Primi	Emer. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil
446	Parvathy	10779	20F	Primi	Emer. LSCS	Ffailure to progress	+	Nil	+	Nil	Staph Aureus	Cloxacil
447	Sudha	10739	21F	Primi	Emer. LSCS	Ffailed induction	Nil	Nil	Nil	Nil	Nil	Nil
448	Karchanamala	10937	22F	Primi	Emer. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil
449	Anburasi	90834	28F	Primi	Emer. LSCS	Fetal distress	+	Nil	+	Nil	Staph Aureus	Cloxacil
450	Lavanya	10742	25F	$G_2 P_1 L_1$	Emer. LSCS	Transverselie	Nil	Nil	Nil	Nil	Nil	Nil
451	Nadhiya	10747	22F	Primi	Emer. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil
452	Sumathy	16954	24F	Primi	Em. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil
453	Ravi	16831	19F	$G_2 P_1 L_1$	Em. Rpt. LSCS	Prev. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil
454	Vijayalakshmi	16872	20F	$G_2 P_1 L_1$	Em. Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil
455	Vasanthi	16909	20F	Primi	Em. LSCS	Long Pd of infertility / PIH	+	Nil	+	Nil	E.coli	Nor floxcac
456	Sudha	16966	19F	Primi	Em. LSCS	Transverse lie	Nil	Nil	Nil	Nil	Nil	Nil
457	Victoria	16459	35F	Primi	Em. LSCS	Elderly Primi PIH	Nil	Nil	Nil	Nil	Nil	Nil
458	Logeswari	16363	19F	$G_2 P_1 L_1$	El. Rpt LSCS ST	Prev. LSCS CPD	Nil	Nil	Nil	Nil	Nil	Nil

459	Lakshmi	16640	20F	G_2 P_1 L_1	El. Rpt LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
460	Sumathy	16875	23F	Primi	Em. LSCS	Rh Neg/Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
461	Manosiranjitha	16857	24F	G_2 P_1 L_0	Emg. LSCS	Prev. LSCS BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
462	Jarina	16769	20F	Primi	Emg. LSCS	PIH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
463	Mahalakshmi	16158	23F	G2 P1 L1	Emg. LSCS	PIH with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
464	Saraswathy	16918	24F	G_2 P_1 L_1	Emg. LSCS	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
465	Kavitha	16869	24F	G_2 P_1 L_1	Emg. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
466	Sasikala	16884	25F	Primi	Emg. LSCS	Short Primi CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
467	Patchiammal	16940	26F	Primi	Emg. LSCS	Failure to progress	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
468	Indra	16965	20F	Primi	Emg. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
469	Murugammal	16938	25F	Primi	Emg. LSCS	PIH failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
470	Bhuvaneswari	17012	18F	G_2 P_1 L_1	Emer. LSCS	Prev. LSCS with CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
471	Shajitha	16751	20F	G_3 P_1 L_0 A_1	Ele. LSCS	Prev. LSCS with BOH	Nil	Nil	Nil	Nil	Nil	Nil	Nil
472	Saritha	11613	20F	Primi	Emg. LSCS	Fetal Distress	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
473	Mohana Priya	16995	18F	G_2 A_1	Emg. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
474	Thulukanam	16727	20F	G_2 P_1 L_1	Emg. LSCS	Prev. LSCS	Nil	Nil	Nil	Nil	Nil	Nil	Nil
475	Rajeswari	17007	20F	Primi	Emg. LSCS	PIH / CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
476	Vasanthi	16947	18F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
477	Sargunam	16928	18F	Primi	Emg. LSCS	CPD	+	Nil	+	Nil	Nil	Staph Aureus	Cloxacil
478	Manimagalai	16916	25F	G_2 P_1 L_1	Emg. LSCS	Prev. LSCS in Labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
479	Sabiya	16931	23F	G_3 A_2	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
480	Alamelu	17047	25F	Primi	Emg. LSCS	Fetal Distress	+	Nil	Nil	Nil	Nil	Nil	Cefotaxe
481	Kanmani	17044	21F	Primi	Emg. LSCS	Obstructed labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
482	Datchayani	17038	23F	G_3 P_1 L_1 A_1	Emg. LSCS with ST	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
483	Devi	17057	24F	G_2 P_1 L_1	Emg. LSCS	Fetal Distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
484	Gomathy	17025	23F	G_2 P_1 L_1	Emg. LSCS with ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
485	Kala	16980	23F	G_3 P_1 L_1 A_1	Emg. LSCS with ST	Prev. LSCS in labour	Nil	Nil	Nil	Nil	Nil	Nil	Nil
486	Malathi	16999	27F	Primi	Emg. LSCS	Failure to progress	+	Nil	Nil	Nil	Nil	Nil	Cefotaxe
487	Bhavani	17050	23F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil

488	Sasikala	17016	25F	$G_2 P_1 L_1$	Emg. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
489	Chitra	16976	24F	Primi	Emg. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
490	Vimala	17042	21F	Primi	Emg. LSCS	Deep transverse arrest	+	Nil	Nil	Nil	Nil	Nil	Cefotaxe
491	Sudha	17062	21F	Primi	Emg. LSCS	Failure to Progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
492	Dilsath	17091	27F	Primi	Emg. LSCS	Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
493	Revathy	17028	22F	Primi	Emg. LSCS	Failed induction	Nil	Nil	Nil	Nil	Nil	Nil	Nil
494	Tamilselvi	17083	22F	$G_2 A_1$	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
495	Saina	17087	20F	Primi	Emg. LSCS	CPD with Fetal distress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
496	Dhanalakshmi	17082	23F	Primi	Emg. LSCS	CPD	Nil	Nil	Nil	Nil	Nil	Nil	Nil
497	Deepa	16985	25F	Primi	Emg. LSCS	Oligo hydramnios	Nil	Nil	Nil	Nil	Nil	Nil	Nil
498	Malar	17140	20F	Primi	Emg. LSCS	Breech	Nil	Nil	Nil	Nil	Nil	Nil	Nil
499	Sasikumari	16986	23F	Primi	Emg. LSCS	Failure to progress	Nil	Nil	Nil	Nil	Nil	Nil	Nil
500	Jayanthi	17154	23F	$G_3 P_2 L_2$	Emg. LSCS with ST	Prev. LSCS UE head	Nil	Nil	Nil	Nil	Nil	Nil	Nil

KEY FOR MASTER CHART

FD	:	Fetal Distress
CPD	:	Cephalo Pelvic Disproportion
PIH	:	Pregnancy Induced Hypertension
LSCS	:	Lower Segment Caesarean Section
PP	:	Placenta Previa
MSAF	:	Meconium Stained Amniotic Fluid
BOH	:	Bad Obstetric History
ST	:	Sterilisation
FI	:	Failed Induction
IE	:	Imminent Ecclampsia